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ABSTRACT

This report profiles conditions in the lives of children and women in Eastern and Southern Africa (ESA), and attempts to identify and analyze trends and issues which are emerging in ESA and which have particular significance for UNICEF activities. During the 1980s, ESA experienced unprecedented economic decline due to falling commodity prices and rising interest rates. These conditions in turn led to increasing incidences of poverty throughout much of the region. Despite improvements in some areas of health care, large numbers of children and women continue to die from preventable diseases, the most serious of which is AIDS. Nutritional and educational resources in ESA need to be strengthened in order to help women and children better survive. Urbanization, war, abuse, and neglect have also taken their toll on children in many ways. In ESA, even at current depressed levels of growth, there remains untapped potential for gains in human development. Government spending can be made more efficient by reordering priorities away from the military and toward social programs, while ESA governments themselves can encourage more popular participation in development. Extensive tables present statistics on issues relating to the lives of women and children in ESA. An 86-item reference list is provided. (MDM)

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Challenges for Children and Women in the 1990s

Eastern and Southern Africa in Profile

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Eastern and Southern Africa in Profile

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Foreword

In October 1990, UNICEF's Eastern and Southern Africa Regional Office (ESARO) brought a number of specialists to Masinga Lodge (in Masinga, Kenya) to analyse child survival, protection and development data with a view to identifying new trends and issues emerging in the region. The specialists included P. Anyang' Nyong'o, A.B. Ayako, L. Dirasse and K.M. Mwarania as well as K.E. Fleming, M. Elias, J. Maeda and G. Martin from UNICEF's Regional Office. Several participants joined A. Fleuret and R. Morgan, who were unable to attend the meetings, in submitting papers. For two days, the participants reviewed health, nutrition, education, economic and demographic indicators and identified emerging trends and issues for Eastern and Southern Africa. These trends and issues were loosely grouped under the headings poverty, women's and children's health, household food security, women's development, urbanization, children in especially difficult circumstances and conflicts and wars.

The Masinga meeting established the parameters of a regional profile of children and women in Eastern and Southern Africa. J.C.M. Zutt, who attended the Masinga meeting, was retained to draft and publish this profile. His first draft, which included a strengthened statistical annex and incorporated a large amount of his own research, was submitted in December 1990 to the senior officers of UNICEF ESARO for their review. His second draft, seeking comments from UNICEF headquarters and from UNICEF country offices in Eastern and Southern Africa, was distributed to participants in the Regional Planning and Management Team meeting in January 1991. In June 1991, Mr Zutt completed the final draft of the profile, which now includes chapters on UNICEF's new nutrition strategy and on its new directions in education.

This profile is intended to alert UNICEF country offices to emerging issues in their countries, to establish ESAR's thematic and programmatic priorities and to assist UNICEF Representatives, Senior Officers as well as Headquarters colleagues, in their advocacy for Eastern and Southern Africa's needs. ESARO hopes both to update the profile regularly and to include data and analysis from all of sub-Saharan Africa in subsequent editions. These hopes will require the participation of UNICEF's West and Central African Regional Office (WCARO) as well as other institutions in the region. Such an initiative is especially important in light of the World Summit for Children and the Goals for the Year 2000 as it will enable UNICEF and its partners to monitor their progress. While each chapter suggests a number of "UNICEF Initiatives", these are not exclusive instructions but suggestions for the whole development community. UNICEF recognizes that the enormity of Africa's development needs will be met only with the full participation of Africa's governments, their development partners and—above all—Africa's people.

To the Representatives and Assistant Representatives of ESAR's twenty one countries go my heartfelt thanks for their support to this book. It was they who, as members of UNICEF's Eastern and Southern Africa Regional Planning and Management Team, agreed to identify the most important data sets which they would gather and make available to the Regional Office for broad comparisons and the identification of trends. Their comments on the various drafts and suggestions on topics to highlight strengthened the document. Our colleagues in New York's Africa Section, especially its Chief, Marta Maurás, encouraged us to carry on with the project recognizing its timeliness for UNICEF's now declared priority for Africa. My Regional staff likewise deserve praise, especially Justin Maeda and Kate Fleming. Many others have helped—too many to be listed here. To all, our thanks for their involvement and for proving once again that a collegial or participatory process among colleagues aiming at common goals yields impressive results.

Mary Racelis

UNICEF
Eastern and Southern Africa

Note: U5MR and IMR 1980.

Introduction

This profile of the situation of children and women in Eastern and Southern Africa (ESA) attempts to identify and analyse trends and issues emerging in ESA and having particular significance for UNICEF activities. It will be the first in an intermittent series of such profiles. This profile and its successors will monitor key CSPD, health, nutrition, education, demographic and economic indicators to alert UNICEF country offices in ESA to emerging issues in their countries, establish the thematic and programmatic priorities for UNICEF's Eastern and Southern Africa Regional Office (ESARO) and provide an advocacy tool for UNICEF as well as for other groups which are actively involved in human development in the region.

In this first profile, the issues identified and analysed include poverty, women's and children's health, nutrition, education, women's development, urbanization, children in especially difficult circumstances and conflicts and wars. Although many of these subjects have perennial importance for UNICEF, they are included in this profile chiefly because they present extraordinary challenges after a decade of almost universal decline in ESA. There has been no attempt to cover every programme area, but this should not be taken to denigrate the importance of those programme areas which have been omitted. For instance, water and sanitation and the control of diarrhoeal diseases are reviewed lightly, not because they are unimportant but because the issues presented in each of these areas have not changed significantly in the recent past.

Economic Overview

Emerging trends and issues have been identified against a background of major reversals in ESA during the 1980s. The extraordinary "openness" of ESA economies to external shocks has resulted in unprecedented economic decline for most of the region's countries. Over the 1980s, only four of seventeen ESA countries enjoyed positive annual GNP per capita growth rates. For the remaining thirteen countries, falling commodity prices (resulting in lower export earnings) and rising interest rates (resulting in higher debt service obligations) sharply reduced their sustainable ability to purchase manufacturing imports, thus putting a brake on economic growth. The large and rapid increase in oil prices in 1990 was especially disruptive to ESA economies. At the same time, while many ESA countries implemented painful structural adjustment programmes in the hope of additional lending, external financial flows to sub-Saharan Africa—far from increasing—actually fell for most of the 1980s (from $36.5b in 1982 to $23.5b in 1988). Growing unemployment and falling per capita consumption have accompanied sharp declines in social spending for most of the 1980s, and if these trends continue, poverty will reach a higher concentration in sub-Saharan Africa than in any other part of the developing world by the year 2000.

Poverty

The World Bank estimates that 16% of the developing world's poor people lived in sub-Saharan Africa in 1985. Holding the number of poor at this level, according to the Bank, would require an average annual GDP growth rate of 5.5%. But with sub-Saharan Africa achieving a 0.3% growth rate for 1980-86, such robust positive growth is unlikely. Even the Bank, on optimistic assumptions, believes that the achievable annual GDP growth rate will not exceed 3.7% for sub-Saharan Africa in the 1990s, bringing that region's share of the developing world's poor to 30% by the year 2000. Hence, fighting poverty will be the principal preoccupation of the 1990s in Africa.

Beyond generalities, little is known about Africa's poor people. We know that the poor have high dependency ratios; that they generally lack access to land, livestock, credit and social services; that they achieve low returns from the sale of their primary asset, labour; and that the bulk of their income is spent on (food) consumption. To survive, the poor will respond to their situation with various strategies designed to reduce risk

(e.g. growing low-yielding but highly-resilient crops), to increase household incomes (e.g. deploying child labour) and to stretch household resources (e.g. concentrating food expenditures on cheap sources of calories). But most of our knowledge of the poor's problems—and their solutions to these problems—is general, outdated and derivative. To fight poverty effectively in the 1990s, the development community must learn more.

Health

While the 1980s witnessed some remarkable achievements in health in ESA, much remains to be done. Only eleven ESA countries reached the UCI 1990 target of 75% DPT3 coverage for infants and only eleven countries reported ORT use rates exceeding 15% in 1987. As a consequence, measles, diarrhoea and neonatal tetanus—together with malaria and acute respiratory infections—continue to cause more than 70% of infant and young child deaths in ESA. At the same time, the AIDS pandemic is projected to kill as many as 2.7 million children and 2.9 million women in ten East and Central African countries in the 1990s. Besides reversing recent gains in infant and child mortality rates, AIDS will shift the productive burden increasingly to those who are least able to shoulder it—the young and the old—and it will orphan as many as 5.5 million children. Moreover, after a decade of austerity, the human and financial capacity of African governments to sustain immunization levels or to maintain current levels of access to health services (let alone expand to meet the growing threats of malaria and AIDS) is far from certain.

Much work also remains to be done in the area of girls' and women's health. In Europe—where women suffer little discrimination in health care or nutrition—there are about 105 women to 100 men, but in sub-Saharan Africa there are only 102. Assuming that there are no significant physical differences between Africans and Europeans, these statistics indicate an excess mortality of 3.2 million women in ESA alone, providing strong evidence that girls and women suffer from neglect and unequal access to health care and nutrition. At the same time, inflated maternal mortality rates indicate that maternal health has not been a priority in ESA in the past. As a few basic principles can reduce both maternal and child mortality rates sharply, there is an opportunity for improvement in this area.

While health care improvements have brought crude death rates down to 5-20 per 1,000 population for all ESA countries, crude birth rates continue to range from 41-56 per 1,000 population (except in Mauritius and Seychelles). With many ESA countries thereby doubling their populations every twenty years, human demands may soon exceed the sustainable yield of Africa's fragile ecosystem, leading in some places to total and irreversible ecological collapse. To achieve sustainable health in many parts of ESA, there is now an urgent need to reduce birth rates in order to ease population pressures: the failure to act will soon result in high numbers of environmental refugees who will depend indefinitely on emergency relief to fend off painful and unnecessary deaths.

Nutrition

Following the remarkable successes of the Joint WHO/UNICEF Nutrition Support Programme—which in Iringa, Tanzania reduced severe malnutrition in young children from 6.3% to 1.8% and moderate malnutrition from 56% to 38%— UNICEF has adopted a new nutrition strategy. Under this new strategy, nutrition is analysed and addressed as the focal outcome for child survival and development of a complex (and particular) sequence of social processes identified in a new conceptual framework. In particular the immediate causes of malnutrition and death are identified as disease and dietary inadequacies while the underlying causes are identified as insufficient household food security, inadequate maternal and child care and insufficient health services and an unhealthy environment. To improve nutrition, thstrategy advocates a multisectoral programme of actions based on ongoing analysis and assessment informed by a community-based nutrition-monitoring system.

Although household food insecurity remains a serious concern both because many ESA households continue to be food insecure and because the effort required to obtain or sustain food security continues to be great, the new conceptual framework shows that household food security is not the sole determinant of nutrition levels. Only when household food security is joined with adequate maternal and child care as well as with the availability of basic health services and a healthy environment do we approach a sufficient condition for good nutrition. It is an objective of the new strategy to alert health and nutrition workers to the equal importance of these other determinants of nutrition.

Education

Just as every child has the right to adequate health care and nutrition for survival, so every child has the right to a basic education which will enable her to develop her potential; to live in dignity, earning her living and managing her household; and to participate fully in the life of her community. But education not only satisfies a basic human need; it is also—*par excellence*—a capacity-building activity which sustains and accelerates human development. For these reasons, a chief goal for the year 2000 is universal access to and achievement in primary education. Universal primary education will have been achieved only if a

large majority of children by the age of 11 or 12 habitually acquire the essential learning tools of literacy and numeracy as well as the skills and knowledge which are immediately relevant to their particular needs, interests and problems.

In ESA, where governments continue to operate under severe financial constraints, it will not be possible in the near term to provide a high-quality formal education to all children. Hence the primary challenge to this region is not only to articulate a minimum package of skills and knowledge which all children should acquire but also to identify and develop flexible programme delivery systems which will complement the primary school system. The effort to achieve universal primary education in ESA is certain to require greater use of the "third channel", which consists of radio, newsprint and all other instruments for communicating knowledge and information which will help people to live fuller and healthier lives. At the same time, to improve the quality and relevance of primary education, it will be necessary to improve community involvement in education and to develop regionally-sensitive indicators of learning achievement.

Women

Although women do the bulk of the essential work in ESA—including as much as 80% of the farming—they are marginalized socially, politically and economically at every level. Despite overwhelming anecdotal evidence of widespread and deeply entrenched gender discrimination in ESA, there has been little effort to collect gender-disaggregated data on critical social and economic indicators. Hence the full extent of women's marginalization remains a matter for speculation.

Nonetheless, basic outlines are clear. Women in food insecure households typically take less (or less nutritious) food for themselves than for their male counterparts. Women typically obtain fewer years of schooling than men and as a consequence they are more frequently illiterate. As workers and producers, they have less access to credit, to extension services or to vocational training, and even when they achieve job parity they generally fail to achieve equal pay or equal benefits. Gender discrimination is particularly painful for female heads of households, who labour under higher dependency ratios with less command over resources than male heads of households. While there were modest gains in the reduction of gender disparities in the 1980s, these gains may be eroded in the 1990s if women continue to bear the brunt of structural adjustment.

Urbanization

Although Africa is still primarily a rural continent, urban populations have grown very rapidly in the last thirty years. The bulk of the increase has come from migration, as people move into the cities to enjoy the higher (subsidized) standard of living available there. Since most cities in Africa developed not as industrial centres but as administrative centres for colonial rulers, they are unable to provide work to the flood of migrants now flowing into them. At the same time, the extension of basic services has not been rapid enough to reach all of the urban poor, particularly as incremental improvements in services also attract greater in-migration. Hence the poverty profile in Africa is increasingly shifting from the rural to the urban areas.

Without adequate urban planning, including a substantial devolution of fiscal and administrative power from the central government to the cities, basic services will fail to reach many of these migrants, leaving them crowded in the peri-urban areas and exposed to higher risks of disease and death. Since local and national governments are facing severe fiscal restraints, to ease the plight of Africa's poor, it will be necessary both to promote self-reliant strategies for the construction of housing and the extension and maintenance of infrastructure. Moreover, to provide a long-term solution to Africa's urban crisis, it will also be necessary to build a productive base for the large urban centres. This in turn will require considerable reconstruction of most ESA national economies.

Children in Especially Difficult Circumstances

As many as 20% of the children in ESA are exposed to circumstances which deny their most basic human rights. Children often work to add to their families' incomes and to learn responsible behaviour. But work becomes exploitative when it retards the child's growth, exposes him to environmental hazards, entails prolonged separations from his family, restricts his access to basic health and education or interferes with his psychological or emotional well-being. In ESA, children's work is often structurally necessitated, but such work need never to be exploitative. To accommodate the needs of working children, working conditions can be improved, family connections can be supported and strengthened and schooling can be made more flexible.

Abused and neglected children are growing in number in ESA, but cost-effective interventions to address this problem are still far to seek. Since the high-cost professional assistance which is prevalent in the developed world is not feasible in Africa, prevention and treatment will rely heavily on legislation, family support and community education and mobilization. Africa's ability to respond to the needs of HIV-infected children and AIDS orphans is similarly limited: the emphasis must be on containing the spread of HIV and developing community-based and culturally-

acceptable care-giving systems, both for AIDS victims and for AIDS orphans.

Conflicts and Wars

In the war- and drought-affected countries of the Horn and of Southern Africa, children have most seriously and continuously been deprived of their basic human rights. In the SADCC countries, South African military violence together with the destruction of essential services and the disruption of relief and commercial supplies has claimed the lives of more than 1.25 million children between 1980 and 1990—with twelve children dying every hour in Angola and Mozambique alone. But, with recent reforms in South Africa, the prospects for peace are better than at any time since 1975. In the Horn of Africa, by contrast, peace appears to be more distant than ever. Violent civil wars complicated by widespread poverty, abrupt climatic changes and over-exploited ecosystems, continue to ravage people's lives in Sudan, Somalia and Ethiopia. The recent overthrows of the Barre and Mengistu governments have brought sharply divisive ethnic rivalries to the surface in both Somalia and Ethiopia just as record food deficits have put more than fourteen million people in the Horn at risk of starvation.

Children exposed to armed conflict and natural disaster suffer from sheer deprivation, from lack of access to basic resources, from anxiety and loneliness and helplessness, from unrelieved stress over long periods and from despair at an uncertain and unpromising future. Frequently they are separated from their families and displaced from their homes and their communities. Even if children escape physical wounds, war-related psychological trauma—particularly for the child soldier—may extend over decades. In the absence of the best and only permanent solution—the end of war and disaster—UNICEF and its partners must focus on reunifying families, demobilizing children and securing children's access to basic services. In brief, interventions should aim to protect the services and institutions directed to children's needs and to secure the compliance of governments and rebel forces with international humanitarian laws.

Economic Growth and Human Development

Of all developing regions, Africa continues to make the poorest showing on most basic indicators. Africa has the highest infant mortality rates and the lowest literacy and life expectancy rates. Extremely poor economic performance provides a partial explanation for these facts, but it is not the whole explanation. As UNDP's human development index shows clearly, countries with high GNP per capita can have low life achievements and, conversely, countries with low GNP per capita can nonetheless convert their limited resources into real (albeit modest) increases in human development.

Economic growth is necessary for human development but it is not sufficient. Growth is not directly linked with improving people's lives and in many cases is it not the most efficient way to make such improvements. It is necessary to focus not merely on increasing the sum total of national income but also on managing and distributing this income effectively. Economic growth should benefit all members of society; all social groups should have access to basic services; deprived groups should benefit from special services as long as their deprivation continues; and group disparities must be lowered and where possible eliminated. In ESA, even at current depressed levels of growth, there remains untapped potential for gains in human development. In particular, government spending can be made more efficient both by reordering priorities across sectors (e.g. away from military spending and towards social spending) and by reallocating spending within sectors (e.g. favouring preventive health care rather than curative care or primary education rather than tertiary education). At the same time, the commitment of African leaders to popular participation in development (as evidenced in the Arusha Charter of 1990) positively recognizes both that people are Africa's greatest resource and that Africans will continue to be the principal and the most dynamic agents of development on the African continent.

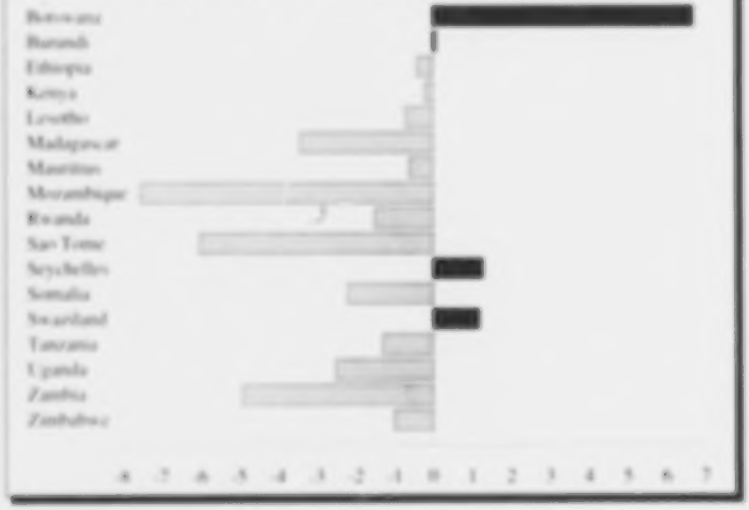
It is false that economic growth and human development are mutually exclusive goals. On the contrary, human development is a necessary component of sustained long-term economic growth. The high returns to education—particularly in the East Asian countries—provide abundant evidence for this truth. Human development aims in the first instance to bring people to their full potential. It attempts both to enlarge people's choices and to raise their level of achievements. At a minimum, people should be able to be educated, to live long and healthy lives and to possess the resources necessary for attaining a decent standard of living. Where development efforts fail to attain this minimum—where a person's potential has not been even minimally actualized—there is a permanent loss. This profile is a contribution to the continuing struggle to reduce and at last eliminate such losses.

1 Economic Overview

For most of the past decade, Eastern and Southern Africa suffered further economic decline. Although there were significant recoveries in some indicators after 1986 and although the region generally performed better than sub-Saharan Africa taken together, the overall trend for 1980-88 remained negative[1]. In Africa as a whole, per capita output fell from $752 in 1980 to $641 in 1987, per capita consumption fell by 20% over 1980-88, and capital formation fell from 21% to 15.6% of GNP over the same period (probably insufficient even to maintain existing capital stock) (Africa Recovery 3-1-2 1989: 31). In most ESA countries, GNP per capita declined as population growth rates consistently outpaced GNP growth rates, with Mozambique, Sao Tome and Principe, Zambia and Madagascar suffering the biggest losses. Gross domestic investment fell for many ESA countries, albeit less than the annual average for sub-Saharan Africa (-7.3%), with Malawi (-8.3%), Mozambique (-6.6%) and Zambia (-4.5%) recording the largest declines and only Burundi, Rwanda and Mauritius recording significant growth. The prices of several key commodities in ESA—tea, coffee, cocoa, cotton, sugar and copper—fell by an average of 3-12% per annum over 1978-1989 (UNCTAD 1990: 122). Export and import volumes declined for about half of ESA countries over 1980-88, despite general recoveries after 1986, with the worst overall performances recorded in Somalia (exports -9.7% , imports -4.1%) and Zambia (exports -3.7% , imports -4.8%). By 1988, gross international reserves had fallen to less than 1.5 months of import coverage for about half of ESA countries. At the same time, the region's terms of trade fell for much of the period 1980-88 (8.0% for all of sub-Saharan Africa).

Today, eleven of the twenty-one ESA countries are "debt-distressed" (Burundi, Comoros, Kenya, Madagascar, Malawi, Mozambique, Sao Tome and Principe, Somalia, Tanzania, Uganda and Zambia) (Killick 1989: 6) and twelve are LLDCs (Botswana, Burundi, Comoros, Ethiopia, Lesotho, Malawi, Mozambique, Rwanda, Sao Tome and Principe, Somalia, Tanzania and Uganda) (Guillaumont 1990: 6). The strongest performers in the region (excepting Mauritius and the diamond-producing enclave economy of Botswana) are stationary economies; the weakest are declining. Zambia and Sao Tome and Principe, middle-income countries in the 1970s, became low-income countries in the 1980s. As early as 1986, the World Bank said of Africa: "For the first time since World War II, a whole region has suffered retrogression over a generation" (World Bank 1986: 9). While some improvements have been observed since the Bank made this statement, "donor fatigue", the legacy of the Gulf War and an on-going world-wide recession strongly suggest that an overall negative trend will reassert itself in the region's immediate future.

Figure 1.1
GNP per Capita Annual Growth Rate (1980-88)



A negative economic trend dominated sub-Saharan Africa in the 1980s, but recovery is possible

Declining Terms of Trade

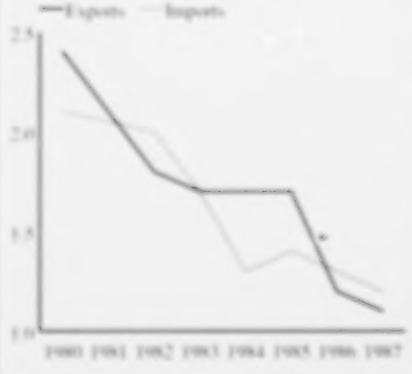
Possibly the chief cause of Africa's unprecedented decline is the extraordinary "openness" of the region's economies to external shocks. As small commodity- and trade-dependent economies, they are "price-takers" with extraordinary vulnerability to

Table 1.1
Terms of Trade for Selected ESA Countries (1980=100)

Country	1980	1981	1982	1983	1984	1985	1986	1987
Angola	100	98	96	94	96	92	62	56
Botswana	100	98	98	98	97	97	100	101
Burundi	100	82	92	90	101	99	117	73
Ethiopia	100	84	90	92	102	98	113	87
Kenya	100	92	93	94	104	93	114	90
Lesotho	100	97	96	96	90	98	84	83
Madagascar	100	87	94	95	100	103	109	83
Mali	100	94	93	95	97	86	88	81
Mauritius	100	91	81	86	88	77	99	98
Rwanda	100	86	92	91	101	101	133	82
Seychelles	100	104	99	100	111	100	58	66
Somalia	100	91	92	97	93	90	80	88
Tanzania	100	85	88	91	96	91	102	90
Uganda	100	81	89	89	100	96	116	67
Zambia	100	80	71	78	70	72	71	79
Zimbabwe	100	92	87	95	96	89	88	91

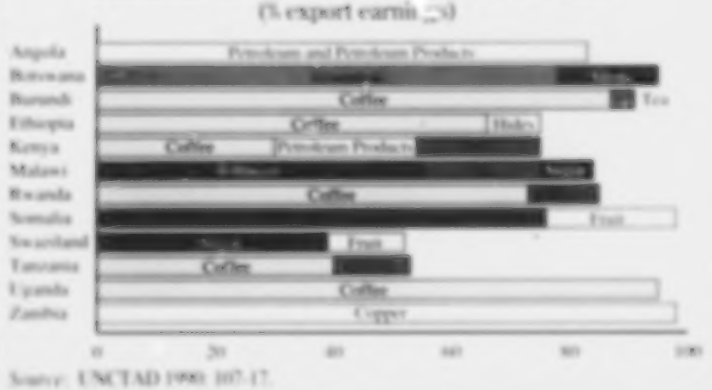
Source: UNDP-World Bank 1989: 49.

Figure 1.2
Sub-Saharan Africa's Share of World Trade (%)



Source: UNCTAD 1990.

Figure 1.3
Commodity Dependency of Selected ESA Countries
(% export earnings)



Source: UNCTAD 1990: 107-17.

the influence of international market conditions (Fleming 1990: 3). ESA economies are also extremely sensitive to fluctuations in the weather, with heavy losses from natural disasters (floods and droughts) occurring frequently. The terms of trade for Africa have been disastrous on both sides, as import prices continue to rise and export prices continue to fall. Depressed trade levels are reducing government revenues and weakening governments' abilities to achieve a balance in their trade and fiscal accounts. At the same time, world trade in manufactures continues to grow much more quickly than trade in commodities, dooming Africa to a smaller and smaller share of world trade, at least in the short- to medium-term. When export earnings largely determine the sustainable ability of countries to purchase imports, and when growth is highly dependent on imports (of capital, raw materials, spare parts and key consumption goods), declining export earnings put a sharp brake on economic growth (Ibid.: 3-4). This is precisely the situation in ESA, where severe import strangulation has sharply reduced the level of productivity (i.e. actual capacity utilization) as well as the level of investment (i.e. potential capacity growth).

Export Earnings: For eleven ESA countries (Angola, Botswana, Burundi, Ethiopia, Mauritius, Rwanda, Sao Tome and Principe, Seychelles, Somalia, Uganda and Zambia), more than three-fifths of export earnings come from a single commodity. Five other countries (Comoros, Kenya, Malawi, Swaziland and Tanzania) are extremely vulnerable to the market performance of two commodities. The price trends for many of these commodities in the period 1978-89 have been negative[2], with tea and copper declining steadily since 1962. Commodity prices have also been highly unstable (with deviations from the trend in several cases averaging 15-25% per annum (UNCTAD 1990: 122)), seriously disrupting economic planning. At the same time, Africa has been unable to maintain (much less increase) its share of the world market in many of these commodities[3] as infrastructure deteriorated, export volumes fell (often as a consequence of drought), new suppliers and new products (especially synthetic substitutes) entered the market and anti-export biases (e.g. overvalued exchange rates, low producer prices and protection of import-substituting industries) dominated domestic policies (Fleming 1990: 5-8, 11, 23). With no foreseeable improvement in commodity prices (particularly as Africa's export markets enter a recession), with consumer resistance to price stabilization mechanisms, with costly non-tariff barriers confronting some products (e.g. textiles) and high tariff barriers for many processed ones

(e.g. chocolate, fruit juices, coffee and tea extracts), it is hard to see how commodity production will support a durable recovery in Africa.

The Gulf Crisis: The Gulf crisis, which may have been the single largest external influence on ESA economies in 1990, clearly demonstrates the region's vulnerability to large and rapid fluctuations in import costs. The increase in oil prices to an average of $28.50 a barrel in the second half of 1990 added $10 a barrel to the average price prevailing in the first half of that year. Excepting oil-rich Angola, which enjoyed a windfall from higher oil prices, ESA was severely stretched financially, as lack of local oil production combined with sharp reductions in the prices of key exports (especially coffee and copper) and higher shipping costs for goods moving through the war-affected Suez Canal. At the same time, long-term concessional contracts with Iraq and Kuwait (where they existed) were forcibly disrupted, while Mozambique lost its non-hard-currency contract for petroleum imports from the Soviet Union (a contract which formerly saved it $140m a year). Where ESA countries were unable to afford long-term purchase contracts, they were forced to purchase oil on the spot market at prices reaching $40 a barrel. Such economic disruptions—pervasive, unpredictable and uncontrollable—threaten to erode fragile growth in economic and food production as well as recent gains in the extension of basic services and the reduction of morbidity and mortality rates. An increase of a third in external aid earmarked for import purposes might have absorbed the region's additional oil expenses—but this failed to materialize as donor countries struggled with the oil crisis themselves or sent assistance to oil-, trade- or remittance-losing economies such as Egypt, Jordan, Turkey and the Philippines. Unfortunately, the end of the Gulf War is also unlikely to return Africa to its *status quo ante*, as the rich oil-producing states of Kuwait and Saudi Arabia curtail aid grants to pay the costs of war and reconstruction and as Eastern Europe's requests for aid, credit and investment receive a more sympathetic ear from donors with cultural and historical ties to that region.

Declining Foreign Exchange Reserves

External financial flows—Africa's other major source of foreign exchange—are also falling. Many countries in ESA are aid-dependent. In 1988, official development assistance (ODA) as a percentage of GNP reached 57% for Mozambique and 46% for Somalia, exceeded 20% for Malawi, Tanzania and Zambia and exceeded 10% for Botswana, Burundi, Ethiopia, Lesotho, Madagascar and Rwanda. For at least ten ESA countries, ODA in 1988 was a more important source of foreign exchange than exports, being about 850% of exports in Mozambique, 750% in Somalia and 250% in both Ethiopia and Tanzania (World Bank 1990: 216-17). Unfortunately, taking ODA (about 75% of the total), private lending, foreign direct investment and officially guaranteed export credits together, external financial flows to sub-Saharan Africa fell (in constant dollars) from $36.5b in 1982—admittedly a peak year—to $23.5b in 1988 (UNCTAD 1990: 139). Moreover, while total transfers from the World Bank and the IMF to sub-Saharan Africa have remained positive throughout the 1980s, they declined by 60% to 75% over the decade, with positive net resource flows from sub-Saharan Africa to the IMF totalling $4.0b for 1984-90 (Helleiner 1991: 31, 37). Thus, ironically, the international financial institutions (IFIs) are contributing to the problems of underfunding which continually plague the adjustment programmes they themselves prescribe. Finally, even when aid flows are relatively healthy, they are frequently misdirected or inappropriately

Table 1.2
Annual Indices of Free Market Prices of Selected Primary Commodities (1980=100)

Commodity	1981	1982	1983	1984	1985	1986	1987	1988
Cocoa	79.8	66.9	81.4	92.0	86.6	79.5	76.7	61.1
Coffee	76.6	83.3	84.9	93.7	88.6	113.0	71.2	76.4
Copper	82.6	71.9	76.4	65.8	64.7	63.8	80.0	117.5
Cotton	89.7	77.4	89.8	86.4	63.9	51.2	79.8	67.8
Sugar	58.9	29.3	29.5	18.2	14.2	21.2	23.6	35.6
Tea	90.6	86.7	104.3	155.2	89.0	86.6	76.5	80.3

Source: UNCTAD 1988: 46-47.

Figure 1.4
Average Monthly Oil Prices ($ per barrel)

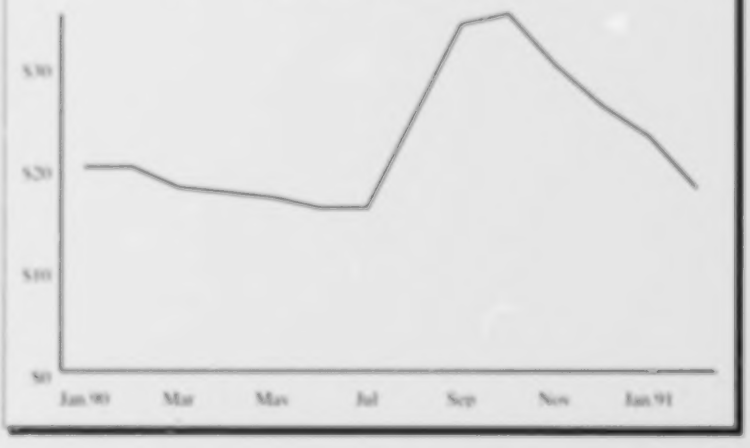


Table 1.3
ODA as a Percentage of Donor GNP

Country	1970	1980	1990
Norway	0.33	0.90	1.04
Sweden	0.41	0.85	0.97
Netherlands	0.80	0.90	0.94
Denmark	0.40	0.72	0.94
Canada	0.41	0.47	0.44
Australia	0.59	0.52	0.38
Japan	0.23	0.27	0.32
United Kingdom	0.42	0.43	0.31
United States	0.31	0.24	0.15

Source: UNDP 1991: 53.

conditioned. Aid may go to relief or to commercial and strategic projects rather than to development. It may be tied to the recipient's purchase of goods and services from the donor country or it may be tagged for capital installations rather than recurrent costs even though health and education sectors in Africa make intensive use of recurrent resources.

Debt Crisis: A growing need for foreign exchange to finance external debt has also contributed to sub-Saharan Africa's severe import strangulation. ESA's debt load is in some ways less burdensome than the load of the heavily indebted "Baker" countries. The combined debt of the ESA countries totals about $40b (compared to $480b held by the Baker countries) and over 80% of this debt is public or publicly-guaranteed long-term debt, mostly owed to official creditors which can address debt-servicing problems with direct political solutions. Moreover, although total debt-to-export ratios in ESA are frequently higher than in the Baker countries (with eight countries over 600%), debt service ratios (though growing faster in Africa) continue to be lower, chiefly as a consequence of reschedulings on concessional terms (low interest rates, long maturities and high grant elements). Nonetheless, for many ESA countries, actual interest and principal payments on external debt continue to consume a high percentage of export earnings (e.g. Madagascar (39% in 1988), Ethiopia (37.4%), Burundi (25.1%) and Zimbabwe (24.8%)) or of ODA grants (e.g. Kenya (47%), Madagascar (50%)) (World Bank 1990: 126, 224-25).

Unfortunately, large-scale borrowing in the 1970s did not yield sufficient returns to avoid these rising debt ratios. Many external factors contributed to these insufficient returns, including weak commodity markets, rising import prices, real reductions in net capital flows and dramatic increases in world interest rates. But domestic policy errors must share some of the blame. In a false reaction to the commodity boom of 1975-77, African governments failed to practice countercyclical management, instead they increased external borrowing and raised spending to unsustainable levels, thereby aggravating the economic imbalance which resulted from the external shocks of 1978-80. In addition, export credits in some cases were used to raise consumption instead of investment, and poor fiscal discipline as well as price and capital market distortions brought very low public-sector investment returns (Killick 1989: 3). ESA has also laboured under over-extended and inefficient state machineries; unproductive and rent-seeking central bureaucracies; low social cohesion leading to political instability; inadequate policy analysis, design and management; overstaffed, poorly trained and poorly motivated civil services; and political cultures, characterised by nepotism, tribalism and corruption, which are not responsive to the people and which discount public accountability and transparency in the use of public funds (Mwarania 1990: 4). However accumulated, the resulting debt "overhang" has been devastating in ESA, diverting scarce financial resources to non-productive uses, absorbing the time and energy of key economic and financial planners in successive (and expensive) rescheduling exercises and creating a strong disincentive to undertake politically unpopular adjustment programmes whose chief beneficiaries are perceived to be foreign creditors (Fleming 1990: 9-10). Moreover, as ESA countries have struggled to service their debts to maintain creditworthiness, there have been disproportionate cuts in discretionary areas of government spending, with economic services and social services suffering the most.

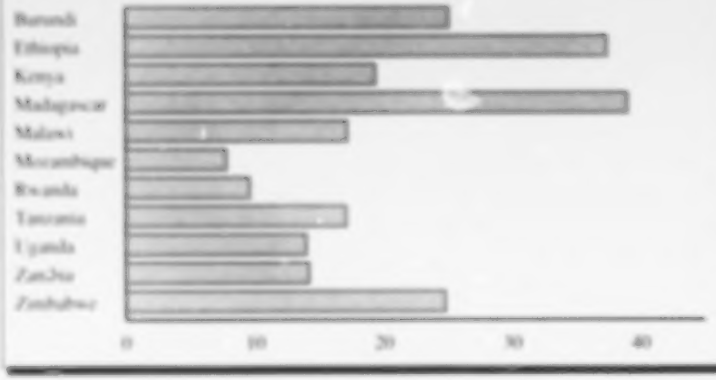
Box 1.1
International Aid

Although most donor countries have agreed to allocate at least 0.7% of GNP to official development assistance, only four countries—Norway, Sweden, Netherlands and Denmark—have met this target. Moreover, only two donor countries—Netherlands and Denmark—allocate more than 0.1% of GNP to priority areas in human development such as basic education, primary health care, family planning or rural water supply. With military assistance an important aspect of U.S. foreign policy, U.S. allocations to human development (0.012% of GNP in 1989) are especially low. It is often said that aid in the form of balance of payments support releases government spending for other (i.e. development) purposes, but this is frequently not the case. Since many ESA countries are heavily aid-dependent, donor priorities tend to "flow through" government spending allocations to become development priorities. For example, in Burundi, Ethiopia, Somalia and Uganda aid provides from 35% to 56% of total expenditure in health and education. Hence, donors must target their assistance more responsibly (UNDP 1991: 53-57).

Debt Relief Initiatives: It is far to seek an end to the debt problem in ESA. Immediate relief to the debtor countries would come only by reducing interest rates or cancelling a significant percentage of contracted debt service—two of the three options approved in the Paris Club in September 1988—but creditor governments for the most part have declined to follow this route. Alternative initiatives are having little positive impact. Disbursements under the IMF's Enhanced Structural Adjustment Facility and the Bank's Special Program of Assistance for Africa have been very low; total debt cancellations (about $3b to date) have left debt service obligations largely unchanged, since most of the cancelled loans had very soft terms; Paris Club agreements lengthening grace and maturity periods—the popular third option approved in the Paris Club—have actually increased total debt by capitalizing interest and increased debt service by charging market rates on this capitalized debt (Killick 1989: 4-5). At the same time, it is highly unlikely that the region will grow out of its debt, at least in the medium term. Starting from a very low base with declining incomes, low savings rates, small tax revenues, deteriorating infrastructures, narrow industrial capacities, low labour and capital productivities, high population growth rates and uniquely high dependencies on commodity trade and imported capital, it is unlikely that Africa will secure significant trade surpluses anytime soon (Ibid.: 5). Meanwhile, debt-related uncertainties discourage new investment and therefore delay the economic restructuring which is necessary for these economies to recover.

Some prospects for substantial debt relief do exist. Three debt relief proposals have been floated in the last year. The most generous is the Trinidad proposal which the finance ministers of the Commonwealth nations (led by John Major) made in September 1990. Under the Trinidad terms, two-thirds of the total eligible debt stock would be cancelled at once, with the repayment period on the remaining stock extended from 14 to 24 years and with interest payments capitalized for an initial five year period. A second proposal, made by Jan Pronk (Development Minister of the Netherlands) in September 1990, would forgive all bilateral official debt to the poorest of the severely debt-distressed countries. A third proposal, made by the Fraser Expert Group in its report entitled *Africa's Commodity Problems* (UNCTAD 1990), would place a 3-10 year moratorium on all bilateral official debt servicing with rescheduling on IDA terms (Helleiner 1991: 11-12). Against this background, countries participating in the Western Economic Summit meetings may soon offer terms which are at least as generous as those recently offered to Poland (a one-off 50% cancellation of official debt) on the condition that eligible countries introduce or maintain IMF-approved adjustment programmes.

Figure 1.5
Debt Service as a Percentage of Exports (1988)



Unfortunately, even the Poland terms would provide inadequate debt relief to Africa, for two reasons. First, any reduction in the debt stock is likely to be limited to bilateral official debt only. As a consequence, the impact on African financial flows will be less than might be expected. Although Africa is paying only about one-half of its debt service at present, one-third of these payments go to the World Bank and the IMF (Helleiner 1991: 31), which have so far refused to discuss debt

Table 1.4
Net Flows of IMF Credit*
(years ending April 30)
(SDRs millions)

Country	1988	1989	1990
Angola	—	—	33.06
Burundi	0.00	12.71	8.54
Ethiopia	-8.80	-6.47	-18.45
Kenya	-27.35	9.79	-14.03
Lesotho	—	3.02	4.53
Madagascar	3.48	-29.04	-12.26
Malawi	-15.15	-0.25	0.30
Mauritius	-22.80	-32.27	-31.19
Mozambique	30.50	12.20	0.00
Sao Tome	0.01	—	0.80
Somalia	-1.63	-8.50	-1.22
Swaziland	-4.50	-1.10	—
Tanzania	31.88	32.10	13.93
Uganda	-3.18	17.21	-6.13
Zimbabwe	-80.40	-41.77	-25.11
TOTAL	-101.58	-31.27	-47.23

* Excluding charges

Source: Helleiner 1991: 38.

Table 1.5
Military Expenditures

Country	Arms Imports ($ millions) (1987)	Ratio of ODA to Military Expenditure (1989/86)
Angola	1,650	—
Burundi	20	4.71
Ethiopia	1,000	1.42
Kenya	10	9.70
Madagascar	30	6.41
Malawi	0	12.98
Mozambique	120	7.00
Rwanda	0	6.07
Somalia	20	10.31
Tanzania	110	7.36
Uganda	40	2.11
Zambia	0	5.61
Zimbabwe	80	0.88

Source: UNDP 1991: 156-57.

relief on any terms. (Both organizations have explicitly rejected the Trinidad terms.) Hence payments to the multilateral IFIs will continue to be a significant drain on African economies. Second, several governments which have agreed to significant reductions in the total debt stock owed to them propose to take the savings resulting to debtor countries off their aid budgets: the net result will be less or no additional resource transfers to the debtors. This of course utterly defeats the purpose of debt relief, which is supposed to improve external flows into import-strangled economies so that existing capital stock can be rehabilitated and utilized fully and so that production can be restructured to favour tradeable goods and services. Additional resources must be a part of any debt relief package.

Table 1.6
Manufacturing Earnings per employee

	Annual growth rate			Index 1980 = 100		
Country	1970-80	1980-87	Country	1985	1986	1987
Botswana	12.6	-4.5*	Botswana	85	—	—
Burundi	-7.8	—	Burundi	—	—	—
Ethiopia	-4.7	-0.1	Ethiopia	85	98	105
Kenya	-3.4	-2.3*	Kenya	79	83	87
Madagascar	-0.9	-10.3*	Madagascar	66	—	—
Malawi	—	1.6	Malawi	115	—	—
Mauritius	1.8	-1.8	Mauritius	84	86	94
Somalia	-5.1	—	Somalia	—	—	—
Tanzania	—	-12.7*	Tanzania	51	42	—
Zambia	-3.2	—	Zambia	—	—	—
Zimbabwe	1.6	-0.4	Zimbabwe	105	104	103

* For years other than those specified.

Source: World Bank 1990: 190-1.

Weapons Imports: Finally, and most sinisterly, vital foreign exchange has also been siphoned out of ESA economies to pay for military expansions, particularly arms imports. Between 1975 and 1988, the quantity and quality of weapons in sub-Saharan Africa rose sharply, with the number of tanks and military aircraft doubling and with nineteen countries purchasing missile systems. When military spending is combined with external debt service, the nonproductive share of government expenditures exceeded 40% for seven ESA countries in 1987 (Angola (40% on military spending alone (Green 1990b)), Ethiopia (54.4%), Kenya (45.7%), Tanzania (46.6%), Uganda (58%), Zambia (40.6%) and Zimbabwe (46%)) (Deger 1990: 16). These figures probably understate the facts, since they do not include expenditures for internal security or for debt servicing on arms imports. Even so, they leave little for other government outlays, let alone for critical productive imports (since both debt and arms import expenses are typically costed to the foreign exchange account).

Structural Adjustment

Although African governments were relatively optimistic about prospects for growth in the late 1970s, a deep macroeconomic crisis beginning in the early 1980s forced them to suspend long-term planning to concentrate on short-term crisis management. Faced with rapidly declining economies, African governments were forced one by one to accept structural adjustment programmes in order to attract desperately needed foreign capital.

Approved Programmes: The architects of these adjustment programmes were chiefly the IMF and the World Bank. The IMF initially ascribed the cause of Africa's economic crisis to temporary macroeconomic disturbances which could be cured by a reduction in domestic absorption. Hence, it encouraged countries to devalue their currencies, restrict domestic credit and reduce government expenditures. While these initiatives did restrain demand and produce temporary improvements in the current account of the balance of payments of some countries (chiefly through import contraction), by 1983 it was clear that they had induced a meagre export response. The World Bank took a different tack, viewing micro-economic distortions—price controls, competition barriers, factor mobility restrictions—as the chief cause of Africa's economic malaise. Its solution was to restore market forces, chiefly by reducing government involvement in the productive sectors of the economy. Thus the Bank urged governments to privatize parastatals, reduce the size of the public sector,

establish incentive prices in controlled sectors, liberalize trade and exchange controls and rewrite investment codes to attract private foreign investment. To its credit, the Bank realized that macroeconomic health is a prerequisite to investment project viability, so (unlike the Fund) it also gave some attention to macroeconomic imbalances and external shocks. But until recently it ignored the individual hardships which its programmes created.

Programme Inadequacies: In the early 1980s, it is widely agreed that structural adjustment programmes have been inadequate and that their positive returns—when they appear at all—have been extremely fragile. Although there is a consensus in Washington (including **inter alia** the Bank, the IMF, the U.S. Treasury and the Institute for International Economics) that structural adjustment programmes, if fully implemented, will regenerate growth and reduce poverty, it is probable that such improvements result chiefly from improved financial flows rather than from policy reform (Helleiner 1991: 18-19). (Contrast the experiences of underfunded Zambia and well-funded Ghana.) In any case, continual policy reforms are likely to undermine stability and policy credibility and so generate lower marginal returns (Ibid.: 22-23). Moreover, the "successes" in Africa are generally the least persuasive. Ghana's adjustment-induced "economic miracle" seems to have evaporated in 1990 without changing domestic investment or foreign private investment patterns—the real test for adjustment success.

Reflecting IMF and World Bank prescriptions, adjustment programmes usually include three components: (i) contracting demand, (ii) liberalizing trade and financial markets and (iii) restructuring incentives to favour tradeable goods. The first two are realized by deflationary policies (eliminating subsidies, restricting credit, lowering tariffs and cutting government services) which directly reduce the living standards of the poor (e.g. by increasing food and food import prices and reducing access to high-quality services) and which produce an immediate contraction of the non-tradeables sector, forcing many people out of work. The third component, which is expected to ensure that redundant labourers are reemployed in an expanded tradeables sector, requires a much longer period of reorganization and investment, opening a large gap between initial economic decline and subsequent improvement. Hence adjustment immediately entails negative growth and welfare losses, whatever positive impact it may have in the long run (Fleming 1990: 34-36). High levels of external financing would ease the demand contraction which adjustment requires in the short term, but such levels have not been realized in ESA.

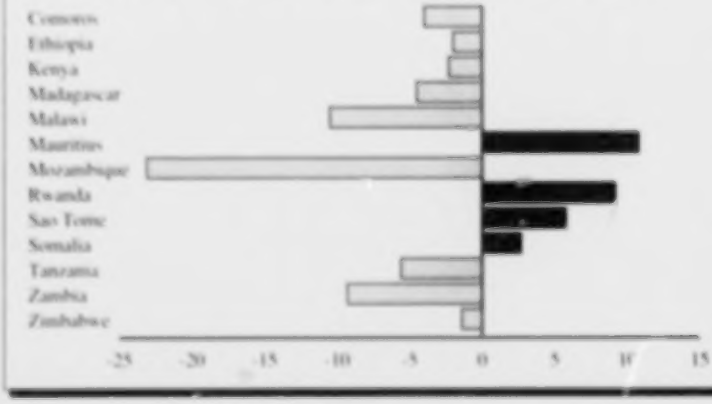
At the same time, currency devaluations sharply reduce the real price of labour, the principal non-tradeable good in ESA and the primary asset of most poor people: hence even those wage earners who escape unemployment may be adversely affected. This consequence also impedes the success of the adjustment programme more generally. By lowering further wages which are already very low, adjustment may result in increased malnutrition, illness, absenteeism and lower performance, which will have a strong negative effect on productive output. But it is production which adjustment is expected first and foremost to improve (Guillaumont 1990: 9-10).

In fact, adjustment has brought immediate hardships, but promised benefits continue to be illusory. Growth rates have been much

Box 1.2
Zimbabwe's Mixed Experience with Adjustment

Zimbabwe's adjustment efforts have appeared to be successful. Agricultural policies favoured smallholders with targeted credit, marketing and supplies, increasing their share of marketed production from 10% in 1980 to 38% in 1985. Government reallocations from 1980 to 1987 increased health and education expenditures from 21% to 26% of GDP by reducing defense expenditures from 25% to 14% of GDP. But even with a relatively diversified economy within the SADCC community, Zimbabwe has encountered substantial setbacks. Extended services and increased production in the agricultural sector have not benefitted everyone in that sector, but have accrued to a (sizeable) minority. Trade liberalization and a new investment code were introduced in 1991 and price controls on all but five essential products were removed, leading to 16% inflation and nation-wide strikes. Like other countries pressed into austerity programmes, Zimbabwe is being forced to deploy strategies such as community participation, subsidization by "sin" taxes (on alcohol and tobacco) and limited cost recovery to contain the threat of economic regression.

Figure 1.6
Gross Domestic Investment, Annual Growth Rate (1980-87)



Box 1.3
Zambia's Adjustment Flight

Zambia stopped all loan repayments to the IMF and the World Bank in May 1987 when it rejected IFI-imposed economic reforms. But growing debt and deteriorating economic conditions forced the government to reopen negotiations with the IFIs in 1989. In March 1991 Zambia cleared its $300m arrears to the Bank and undertook initiatives designed ultimately to clear its $1b arrears to the IMF. Yet Zambia's most recent structural adjustment package has not yet brought significant economic gains. The devaluation of the kwacha by two-thirds in 1983-87 and two attempts to withdraw a crucial food subsidy (1987 and 1990) led to rioting and an attempted coup in July 1990, forcing the government to restore the subsidy. Inflation runs at about 120% and a weak maize harvest in 1990 has brought acute food shortages in 1991. A drop in nutritional levels and a rise in child mortality rates in Zambia seem likely.

lower than expected. However "strong" their prescriptions, adjustment programmes have hardly adjusted institutional structures at all. It is now very clear that any necessary institutional reforms will require not merely short- and medium-term "adjustments" but long-term tranformations which must replace (and be sheltered from) these. It is also very clear that achieving macroeconomic balance is not a sufficient condition for creating sustainable growth (although it may be a necessary condition). A decade of adjustment programmes in Africa, which have displaced large amounts of labour and imposed severe hardships on vulnerable groups, has failed almost completely to generate enough investment in agriculture and manufacturing to restore growth. It is also very clear that all members of society do not automatically share in economic growth. Even when it occurs, growth does not simply "trickle down" to the poor. Indeed, the connections between growth (on one hand) and employment, income distribution, purchasing power and human development (on the other) are complex, indirect and often contradictory: hence economic engineering needs careful study to determine its impact on the poor. Adjustment is at best a means to human development; at worst, taken as an end in itself, it is an impediment to it.

Programme Adjustments. Since the mid-1980s (and UNICEF's publication of *Adjustment with a Human Face*), there has emerged a general consensus that adjustment programmes should consist in more expansionary macro policies designed to sustain investment, production and welfare levels over a lengthened adjustment period. Such policies should be supported by greater access to finance—either through increased aid or decreased debt service. Meso policies redirecting credit, taxation, government spending, foreign exchange and international aid must protect the interests of the poor, who should have "first call" on the resources necessary to sustain their highly vulnerable income, health and welfare levels. Governments must maintain and expand the delivery of basic goods and services to the poor, particularly in the transitional period before restructuring in the productive sectors achieves increased output and higher income levels. The equity and efficiency of the social sector should be improved by directing expenditures away from high-cost services which do not satisfy basic needs to low-cost basic services targeted on the poor.

At the same time, adjustment programmes may need to include compensatory programmes which protect the poor directly. It is encouraging that the Bank now admits this need, although discouraging that it still fails to consider how its free-market adjustment policies make these market interferences necessary. At present, the Bank seems content merely to graft a few compensatory measures onto orthodox adjustment programmes which it holds otherwise to be basically sound. Such an approach is obviously inadequate: caring for the poor is an adjustment issue just as much as it is a government issue.

Table 1.7
Index of Real Expenditure Per Capita (Industrial Countries=100)

Country	All Food	Meat	Dairy, oils	Cereals, bread	Health services	Education services
Botswana	29	27	13	117	10	48
Ethiopia	7	5	4	26	3	10
Kenya	17	5	11	69	4	39
Madagascar	25	25	5	93	0	22
Malawi	19	10	3	100	1	12
Tanzania	13	6	3	47	2	21
Zambia	17	15	8	41	3	15
Zimbabwe	14	12	10	42	4	20

Source: UNDP 1991: 134-35.

Eastern and Southern Africa in Crisis

Africa has suffered through a decade of unprecedented economic decline. GNP per capita declined for all but five ESA countries over 1980-88; declining export earnings contended with increasing import prices and increasing debt service obligations; orthodox adjustment packages produced few (if any) macroeconomic improvements, particularly as external assistance declined throughout the decade. Unfortunately, few of these factors will change even under the most optimistic assumptions. The cumulative effect on human welfare in ESA has been devastating. Poverty has spread and deepened. Large-scale rural-to-urban migration has overwhelmed basic

urban services. Women, Africa's primary providers, have struggled to maintain consumption levels in an eroding balance between incomes and prices. Women's and children's health has declined sharply as reduced resources have entailed greater work responsibilities and as AIDS has spread rapidly throughout their communities. The number of children in especially difficult circumstances—street children, working children, displaced children, children who are neglected or abused, children who have been orphaned by AIDS, children exposed to war or drought or famine—seems to have grown enormously. Eastern and Southern Africa's countries today are at a critical juncture. With substantial debt relief or increased external financing, they may be able to restructure their economies and mitigate the developing tragedy. Without it, they will decline further and further, dooming millions of women and children to endless poverty and painful, needless deaths.

Table 1.8
Net External Transfers to sub-Saharan Africa ($ U.S. millions)

Source	1980	1983	1984	1985	1986	1987	1988	1989	1990+
IMF	730	879	-41	-434	-954	-863	-462	-728	-532
IFIA	403	593	722	802	1306	1570	1569	1574	—
IBRD	72	270	305	31	33	-75	-725	-391	—
IMF/IDA/IBRD	1205	1742	986	399	385	632	382	455	—
Multilateral*	707	664	-342	487	650	709	672	607	—
Bilateral*	1657	2295	1925	472	1210	1194	630	945	430
Private**	2818	270	-1667	-2648	-1132	-213	-434	-428	-1818
Total Debt-Related	5657	4092	1727	-856	2067	3185	1712	2307	657
Total (incl. grants, FDI)	5843	6606	4460	3213	6163	7626	7973	9420	—

+ Projected
* Excluding grants
** Publicly guaranteed and unguaranteed, excl. FDI.

Source: Helleiner 1991: 37.

UNICEF Initiatives

In this context, UNICEF must continue to advocate for (international and domestic) economic reforms which will promote participation of the poor in an expanding economy. To increase and stabilize commodity export earnings, such facilities as price stabilization agreements, commodity-linked bonds or compensatory financing for commodity producers should be developed. In addition, import restraint measures in the developed countries (e.g. quotas, tariffs, anti-dumping rules) should be structured in a manner which will not impede Africa's economic diversification. In particular, tariffs on processed African products should be eliminated and high internal sales taxes on African products in the developed world should be sharply reduced (UNCTAD 1990: 82-85).

The development community must improve efforts to attract and maintain high ODA levels, which are decreasing at present just as the need for external funding is increasing. All development partners—including the Bank and the Fund—agree that structural adjustment programmes are certain to fail unless adequate levels of financing are forthcoming. To give these programmes a fighting chance, it will be necessary either to increase ODA levels absolutely or to reallocate ODA to basic services (e.g. primary health care, family planning, primary education, rural water and sanitation) to protect and improve the well-being of the worst-off.

In the area of debt relief, there are several priorities for low-income debt-distressed Africa (Helleiner 1991: 12-15; Killick 1989: 6-7; UNCTAD 1990: 93-94): (i) Cancel all official bilateral debt. Since a large part of Africa's total debt is owed to official creditors, the decision to cancel it is essentially a political one which will have little impact on the international financial system. (ii) Refinance all World Bank and IMF debt on highly concessional (e.g. IDA) terms. (iii) Cancel at least one-third of export credit debt (a heavy burden as it mostly carries commercial terms) or reschedule it on highly concessional (e.g. IDA) terms. (iv) Reschedule all debt service due during an entire ESAF programme period (i.e. three years) to reduce rescheduling burdens. (v) Meet arrears to the IMF with new lending financed (e.g.) by drawing down a third of the IMF's gold reserve. (vi) Enable commercial debt reduction on the terms of the Brady Plan. (vii) Link debt service to commodity export prices or limit debt service to a fixed percentage of (selected) foreign exchange earnings (e.g. Zambia's self-selected 10%).

While trade liberalization may be a useful goal in Africa's development, trade restrictions may be necessary in the medium term—as in China, Sri Lanka and South Korea—to protect intensive import substitution efforts and thus to build up an industrial base. Even the World Bank admits that trade liberalization will bring little profit to Africa in the short-run as existing trade preferences would be lost, tariffs against (unprocessed) commodities are already low and demand for these commodities is largely insensitive to price (World Bank 1990: 124). At the same time, for long-term economic growth, it seems inevitable that the region—indeed the continent—will need to move towards economic integration. Many ESA countries are small, landlocked and resource-poor economies (Burundi, Lesotho, Rwanda, Swaziland, Uganda) which have unviable markets and which are unlikely candidates

To ease ESA's economic crisis, international efforts must concentrate on increasing ODA, stabilizing commodity earnings and providing effective debt relief

ESA countries must also expand agricultural production and move towards greater economic integration

for private investment-led growth. Although full blooded common markets are clearly out of reach in the short-term, incremental movement towards that goal (e.g. reducing tariffs, removing import quotas, reaching regional food security arrangements) is possible and should be encouraged. The 1991 OAU Summit endorsement of an African Economic Community evidences high-level political commitment to greater economic integration.

The region's agricultural (commodity) production should also be expanded. Although the share of agriculture in GDP typically declines as development progresses, for African countries it remains the dominant sector and the principal source of foreign exchange. At least in the medium term agriculture must be the centrepiece of any viable development strategy. Yet, at present, Africa is not exploiting its agricultural sector as fully as it might. Productivity is low, production techniques are uncompetitive, government policies are misguided, linkages to international markets are poor and infrastructure (especially transport) is collapsing: hence African countries are failing to hold onto their world market shares. Moreover, there is unexploited potential in domestic processing, which will permit countries to capture more value-added and at the same time to diversify into new product varieties, to develop more effective cooperation between producers and consumers and to stimulate intra-African trade and cooperation. All efforts to strengthen Africa's agricultural base and increase domestic processing should be encouraged.

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1. Unless otherwise indicated, all data included in the text of this report come from the statistical annex. All data in this paragraph are taken from the World Bank 1990

2. For example, cocoa (-6.7), coffee (-3.3), copper (-3.7), cotton (-4.5), sugar (-12.4) and tea (-3.1). (Price trend is calculated as the annual average rate of change of price, in constant dollars, measured as a percentage.) UNCTAD 1990: 122.

3. Between 1970 and 1987, Africa's share of the coffee market fell from 33.6% to 19.9%, cotton from 11.0% to 7.9%, cocoa from 72.6% to 58.7% and copper from 18.0% to 12.6%. UNCTAD 1990: 120.

2 Poverty

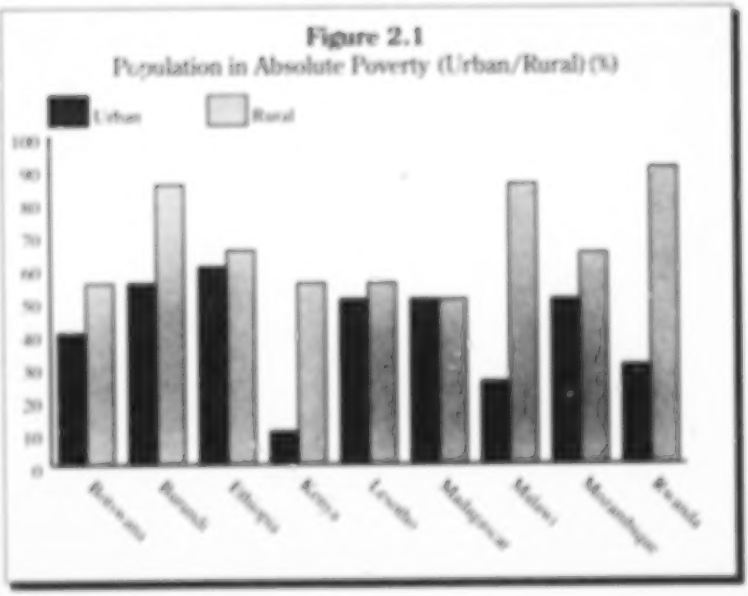
Although large numbers of people in ESA are poor, there are few data which indicate the extent or the depth of their poverty, let alone distinguish the chronically poor, the transient poor or the newly poor (victims of structural adjustment). We know that poverty affects more women than men—but we cannot quantify this disparity accurately. We suspect that poverty and environmental degradation are linked, but we know few details about these linkages. As a consequence, interventions often miss their mark, benefiting some of the needy at the expense of others. Our scant knowledge at present is extrapolated from household surveys or from aggregate statistics on income, population and consumption, but these data are inadequate. Local studies cannot be generalized without a loss in accuracy while economic statistics, besides being fragmented and inconsistent in ESA, reveal little about the sub-groups of the poor or about welfare dimensions such as health, education, social equality or self-respect.

Poverty Indicators

The Standard Indicators: There are two standard indicators of absolute poverty. The first is the "headcount index", which gives the percentage of people living below the poverty line but says nothing about how far below the line these people are. The second is the "poverty gap", which gives the percentage transfer of aggregate consumption necessary to lift the poor above the poverty line. These indicators, besides being crude (possibly *over*stating poverty, since most subsistence agriculture does not enter market calculations), are incomplete both with respect to specific countries in ESA and (*a fortiori*) with respect to the region as a whole.

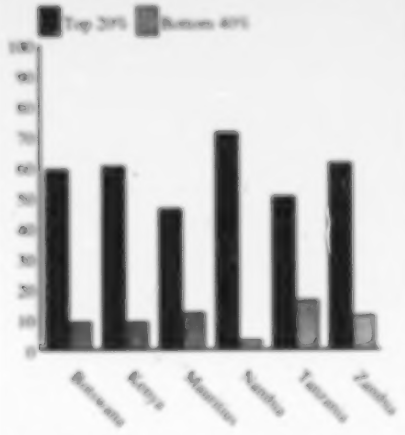
The World Bank tentatively offers some poverty statistics for sub-Saharan Africa. Working with two categories—the "extremely poor" (incomes under $275) and the "poor" (under $370)—the Bank estimates that sub-Saharan Africa has 120 million extremely poor people (30% of the total population), and 180 million poor people (45% of the total). A 4% transfer of aggregate consumption would be needed to lift the extremely poor out of poverty while an 11% transfer would be needed to eliminate poverty altogether. These statistics compare unfavourably with the poverty indicators for all developing countries, where the headcount index is 18% extremely poor and 33% poor and the poverty gap 1% for the extremely poor and 3% for the poor (World Bank 1990: 29). Although data for sub-Saharan Africa are notoriously unreliable, the World Bank estimates that consumption per capita stagnated between 1965-85 and that, even if income distribution did not worsen, population growth has added about 55m poor people to the region.

Figure 2.1
Population in Absolute Poverty (Urban/Rural) (%)



The Human Development Index: UNDP, attempting to capture more than a single dimension of human life in its human development index, measures human development as a composite of three basic variables—life expectancy at birth, educational attainment (measured as a function of both adult literacy and average mean years of schooling) and real GDP per capita (in purchasing power parity (PPP) dollars and allowing for diminishing returns

Figure 2.2
Household Income Shares (%)



a For Namibia, Estimate Top 5% and Bottom 55%, UN Statistical Office, 1989.

to income) (UNDP 1991: 15). These three variables, besides reflecting intrinsic values, are good proxy measures for other important human development variables (e.g. health and nutrition) and clearly present GNP growth as necessary but not sufficient for human development. But, as with other data, they conceal disparities and do not capture all dimensions of human development, with complex values such as political freedom and personal security (to name two) left out. The human development index (HDI) in 1991 ranges from Sierra Leone, the lowest at 0.048 (with 42 years life expectancy, 13% adult literacy, 0.8 mean years of schooling and PPP$1030 GDP per capita), to Japan, the highest at 0.993 (with 78.6 years life expectancy, 99% literacy, 10.4 mean years of schooling and PPP$13,650 GDP per capita). African countries, with the lowest income figures, literacy rates and life expectancy figures, consistently show the highest degree of poverty on this index. Most fall below 0.500, excepting only Botswana, Mauritius and Seychelles in ESA.

These statistics give an extremely crude picture of the region's poverty. But, both because poverty is understudied generally and because the region's database is very poor, it is difficult to supplement them with other meaningful data. In ESA, there are no consistent inter-temporal data on a wide variety of key poverty indicators, including wages, unemployment and underemployment, prices of main staple foods, persons per habitable room, the Gini coefficient, land concentration ratios and household income shares. At the same time, UNICEF's cluster of welfare indicators (mortality rates, life expectancy, nutritional status, access to health care) often rely on projections and are computed on a national basis, thereby concealing large disparities between various sub-groups of the population—rural and urban, male and female, rich and poor. One expects that the poor, concentrated among females and in the rural areas, will fall one or more standard deviations below reported national figures. More detailed studies focusing directly on the poor and permitting the distinction of sub-groups within the poor (e.g. personal histories, income sources, spatial distribution, access to productive assets, expenditure and consumption patterns) are scarce to nonexistent.

A Profile of the Poor

To compile a poverty profile for ESA, it is necessary to extrapolate from village or household surveys or from general data gathered from international sources. Of these methods, the first provides sufficient detail for planning effective interventions, but it is also extremely limited. For example, household surveys in Tanzania show that in the period 1969-83 urban wages fell about 65% in total, while rural living standards fell 2.5% per year on average. At the same time, a 43% decline in private consumption per person forced many Tanzanians to shift their food purchases from high cost sources of protein (meat, cheese and vegetables) to low cost sources of calories (beans and starches) (World Bank 1990: 42). These data have various implications for nutritional status, the cost of structural adjustment and the relative well-being of rural and urban dwellers, but the poverty profile which emerges cannot be readily transferred to other regions of Tanzania, let alone to other countries in ESA. Hence it is possible only to report general international observations relating to the poor. These observations will be falsifying insofar as poor people in different regions will exhibit different behaviours and construct different coping mechanisms. Nonetheless, rough correspondences in situation may be presumed to entail rough correspondence in reaction, so the exercise is not entirely vain.

High Dependency Ratios: The poor typically have higher dependency ratios than their richer neighbors. Having a large family may be a rational response to poverty, as children will both relieve adults of some domestic tasks (freeing them for wage labour) and care for their parents in old age. Moreover, in countries where children frequently fail to survive infancy, parents will overshoot their desired family size. Because they have large families, poor women frequently bear too many children spaced too close together, to the detriment of their own health and the health of the children. Since children are brought into poor families in part to provide

labour, child poverty is often self-perpetuating. Child labour (sometimes with debt bondage and often with long hours in unsafe and unhealthy conditions) typically comes at the expense of schooling even though schooling is a critical prerequisite for higher productivity and human development.

Little Access to Land, Livestock, Credit or Social Services: Typically, the poor have unproductive assets or no assets at all. The rural poor—who are the bulk of the poor in ESA—are frequently landless, having access to land (if at all) through personal tenancies which provide no security against risk and no guarantees of continued access or else through common tenancies which encourage over-utilization and long-term soil depletion. Others who do own land often own small amounts of unproductive land which they are unable to improve because they lack access to credit (World Bank 1990: 31-32). Pastoral populations, by contrast, are vulnerable to fluctuations in access to livestock: where environmental stresses force herders to reduce herd sizes (especially of cattle, a less hardy animal than the goat yet a more important food source), household food security deteriorates rapidly. Particularly intransigent problems confront the rural poor (whether herders or farmers) who are forced by their circumstances (lack of skills or productive assets) into "downslope" migration to desert areas with limited agricultural potential. In these areas, overfarming, overgrazing and deforestation are rapidly accelerating environmental degradation which further reduces the long-term potential of the land (Ibid.: 71-72).

The poor rarely have access to institutional forms of credit, chiefly because transaction costs and non-payment risks are higher. The World Bank estimates that only 5% of farms in Africa have access to government-subsidized credit, with most of this benefit probably going to nonpoor farmers (Ibid.: 66). At the same time, innovative informal sources of credit (e.g. savings clubs, mobile bankers and rotating associations) have reached few of the poor. Hence, the poor are generally unable to accumulate assets, or improve the return on assets (e.g. through acquiring new skills or using hybrid seeds and fertilizers), or protect consumption levels during economic downturns.

Geographical remoteness often correlates with poverty. Where governments are able to provide social services, these are less likely to reach those areas where the poor live and, even when they do, the poor are often effectively excluded because they are mystified by complex bureaucratic demands or because they simply do not know that such services exist. Since social services typically reach the nonpoor before the poor, the extent of the poor's participation is loosely indicated by how much (if at all) take-up rates exceed the percentage of the nonpoor (World Bank 1990: 42). In 1988, for example, 50% of Madagascar's population were nonpoor while 56% had access to health services, 18% had access to safe water, 97% of school-age children were enrolled in primary school and immunization rates ranged from 35% (measles) to 62% (tuberculosis): hence (crudely) the poor are benefitting extremely little from health services and immunization programmes and not at all from water projects. On the same hypothesis, the poor will suffer first from the declining primary school enrolment rates observed in the region (about 6% on average through 1980-85).

Low Returns on Labour: Most of the urban poor are employed in the informal sector—consisting chiefly of small, illegal or unregistered shops and factories. (Between 1980 and 1985, about 75% of Africa's new labourers entered the informal sector, with only 6% entering the formal sector.) Frequently they are self-employed (trading, selling services, working as casual labourers in simple construction or manufacturing). The most desperate are thieves, beggars and prostitutes (Ibid.: 34). Because the poor generally lack both vocational training and adequate numeracy and literacy skills, it is difficult for them to move into the formal sector, where incomes are higher and job security is greater. Hence, their incomes tend to remain low and insecure.

The sale of labour is often an important source of income even for rural dwellers. Poor farmers and pastoralists are not self-sufficient, but need money for clothes, blankets, cooking oil and some nonfarm food stuffs (not to mention schooling and health care): hence they often work seasonally as craftsmen, traders and wage labourers (Ibid.:

The poor typically have larger families than the rich, yet they have fewer productive assets and they attain lower returns on their labour

Table 2.1
Do Social Services Reach the Poor in ESA?

	Kenya 1988	Madagascar 1988	Zimbabwe 1987
Nonpoor in population	66%	50%	58%
Access to health services	42%	56%	71%
Access to safe water	28%	18%	52%
Primary school enrolment	96%	97%	133%
Immunization rates			
Tuberculosis	90%	62%	86%
DPT	77%	40%	77%
Poliomyletis	78%	38%	77%
Measles	65%	35%	77%

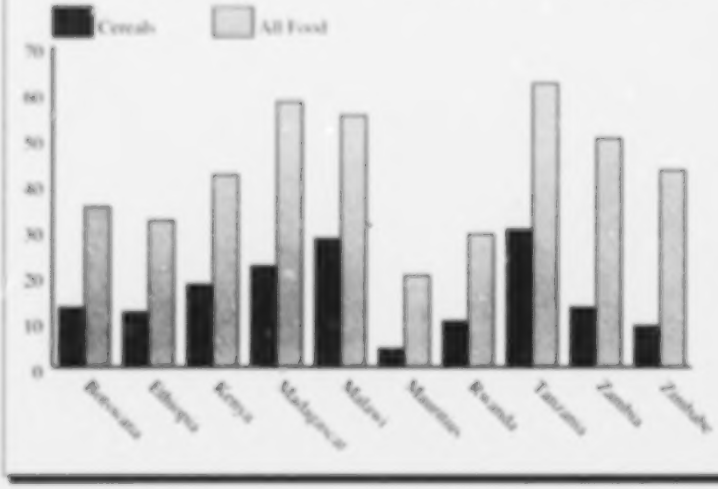
33). Informal sector work—which is typically part-time and traditional, requiring few skills and little capital and producing items intended for household use or for sale in the local market (Ibid.)—also offers poor returns. Moreover, the demand for off-farm produce (clothes, baskets, household furnishings) varies directly with the health of the primary farming sector, so income from these industries increases when the poor farmer needs it least and declines when he needs it most.

The poor frequently spend the bulk of their income on food

The poor remain extremely vulnerable to seasonal fluctuations. During the dry season, the search for water may add hours to a woman's daily chores; during the rainy season, water may become contaminated with pollutants or disease-carrying bacteria; during the harvest, heavy work may coincide with low food supplies and high food prices. (In Lesotho, the "hungry period" has caused 7% losses of body weight (Ibid.: 36), which can be permanently damaging to the young, the old and the infirm). Survival strategies can do very little to mitigate many of these hardships.

Consumption Patterns: The poor spend the bulk of their income on consumption and more than half of this is usually food consumption. Data indicate that, for 1980-85, households in Madagascar, Malawi, Tanzania and Zambia on average spent at least half of their income on food, but these aggregated data obviously understate the percentage of total income the poor spend on food. It is widely believed that the distribution of consumption also tends to favour males and working adults over females and children (Ibid.: 37). At the same time, it is believed household expenditures on education (ranging from 2% to 9% in ESA) tend to favour boys over girls. (Low female primary and secondary school enrolment rates lend some support to this belief.)

Figure 2.3
Household Income Spent on Cereals/All Food (1980-85) (%)



Survival Strategies of the Poor

Risk-Averting Strategies: Asset-poor households will insure against adverse contingencies, whether these are expected (e.g. climatic and seasonal changes) or unexpected (e.g. wars, natural disasters, declining terms of trade, structural adjustment programmes), with a number of survival strategies. In rural areas, especially where rural nonfarm employment is limited, farmers will intercrop and grow low-yielding but highly-resilient crops to reduce the risk of crop failure. In urban areas, where there is heavy reliance on wage incomes, households will coordinate their labour by placing household members in different labour markets (e.g. urban-rural, formal-informal, manufacturing-service). At the same time, both rural and urban households will save and dissave income to smooth consumption patterns (Ibid.: 36). Of course, less poor households whose members are better educated and in their prime years will typically fare better than other poor households (e.g. female-headed households containing many young children). Nonetheless, abrupt or prolonged adversities will in many cases render these strategies insufficient to sustain consumption levels for poor households, forcing them to employ more desperate survival strategies to cope with their worsening situation. These strategies include increasing household income and stretching existing resources.

Increasing Household Incomes: Poor households will try to increase their income initially by producing more (especially food) or by supplying more labour to the market (e.g. increasing the number of hours worked or the number of persons working (typically adding women and children to the labour force)). Where these options are unavailable, the household may be forced to increase indebtedness (e.g. at local shops) or to borrow petty amounts of food or money from friends and relatives (who typically have little to spare), thus "sharing" their poverty. In extreme circumstances, the household may be forced to sell its assets (including, if necessary, productive assets such as land, tools, cattle)—often at extremely low prices (as other households are forced to sell at the same time) and generally undermining the household's prospects for future recovery (Cornia 1988: 94-98).

Stretching Household Resources: To stretch out existing resources, poor households may begin to prepare food in common (permitting bulk purchases and economies of

scale in cooking as well as freeing some household members for child care or for income-generating work). If matters do not improve, they will change their consumption patterns by removing non-basic items or (if matters worsen) basic items such as fuel, rent or protein-rich foods or (if absolutely necessary) basic foods. Where food expenditures are already concentrated on cheap sources of calories, adverse contingencies may force household members to skip meals altogether (Ibid.: 98-100). Often it is the female members of the household who suffer the largest nutritional deprivations, grossly undermining their ability subsequently to recover productive lives.

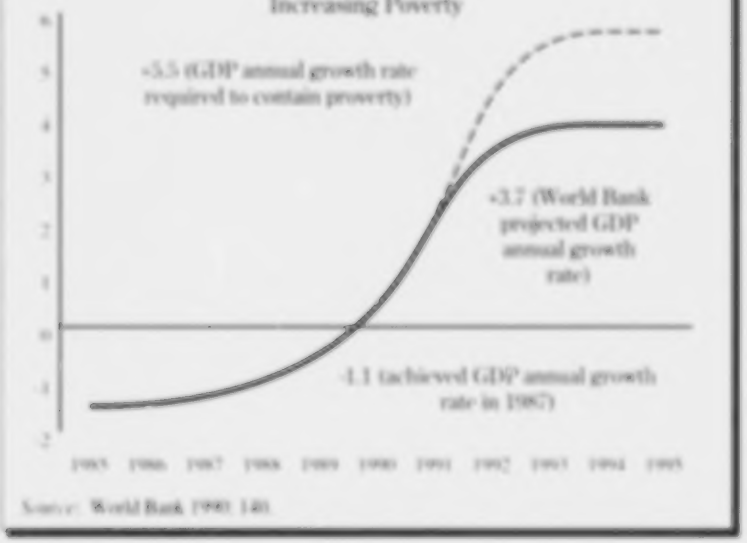
Deploying these strategies may involve changes in family structure or location. Thus several families may be brought into one household, or children may be sent to live with wealthier relatives, or, under severe conditions, family members may migrate to more promising localities (e.g. Ethiopia in the 1983-84 drought). These migrations will be temporary and male-dominated at first (effectively forcing women to become heads of households largely dependent on unstable remittances) but may finally involve the permanent migration of whole families (usually rural to rural or rural to urban) (Ibid.: 101-102).

Poverty-Reducing Strategies

The World Bank. The World Bank projects that sub-Saharan Africa, because of low economic growth and rapid population increases, will have 30% of the developing world's poor by the year 2000 (as opposed to 16% in 1985) (Ibid.: 5). Holding the number of poor at its 1985 level, on the Bank's estimate, would require an average annual GDP growth rate of 5.5% (Ibid.: 5, 140), or an economic about-face of 6.6% from the *negative* 1.1% growth rate attained in 1987. Even the Bank believes that the achievable growth rate for sub-Saharan Africa will be no more than 3.7% (which is still higher than the average growth achieved over the past fifteen years). Hence, on the Bank's own optimistic assumptions, poverty will increase sharply in ESA over the next decade.

In its World Development Report for 1990, the Bank recommends a two-part strategy for attacking poverty in developing countries: (i) promote labour-intensive growth to bring a greater number of persons into income-generating activities in the market-place and (ii) improve the delivery of basic services, especially education, family planning and primary health care, to stimulate the development of human capital and to enhance the ability of Africa's poor to deploy their primary asset—their labour (Ibid.: 138). The Bank suggests that its soft loan arm IDA will view more favourably countries following this strategy (Ibid.: 4). To achieve labour-intensive growth, its first objective, the Bank recommends restoring market incentives, improving institutions and physical infrastructure, providing strong public support for agriculture and taxing agricultural output only moderately. To ensure that the poor share in this growth, the Bank agrees that the poor should have greater access to land, credit, (rural) infrastructure and (farm) technology. At the same time, to accomplish its second objective, the Bank admits that countries should provide targeted resource transfers for those people who cannot share in market-led growth and safety nets for those who share in it but remain vulnerable. Besides subsidizing health and education programmes for the poor, government expenditures may include cash transfers or public employment schemes (e.g. Botswana), well-targeted food subsidies or food ration schemes (e.g. Tanzania's supplementary feeding programme in Iringa province) as well as income support or other forms of income insurance, possibly extending traditional community support systems. In this way, the Bank expects governments to catch people who remain outside the market or who are inadequately cared for within the market (Ibid.: 3, 51, 138).

Figure 2.4
Increasing Poverty


+5.5 (GDP annual growth rate required to contain poverty)
+3.7 (World Bank projected GDP annual growth rate)
-1.1 (achieved GDP annual growth rate in 1987)
1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995

Source: World Bank 1990: 140.

UNDP. In its Human Development Reports, UNDP seeks progress in human development less from regulated market forces and more from efficient social spending than the Bank. Offering Tanzania and Zambia as evidence, UNDP argued in its 1990 Report that African governments which are strongly committed to social progress can improve human development levels even with moderate economic growth. How this growth

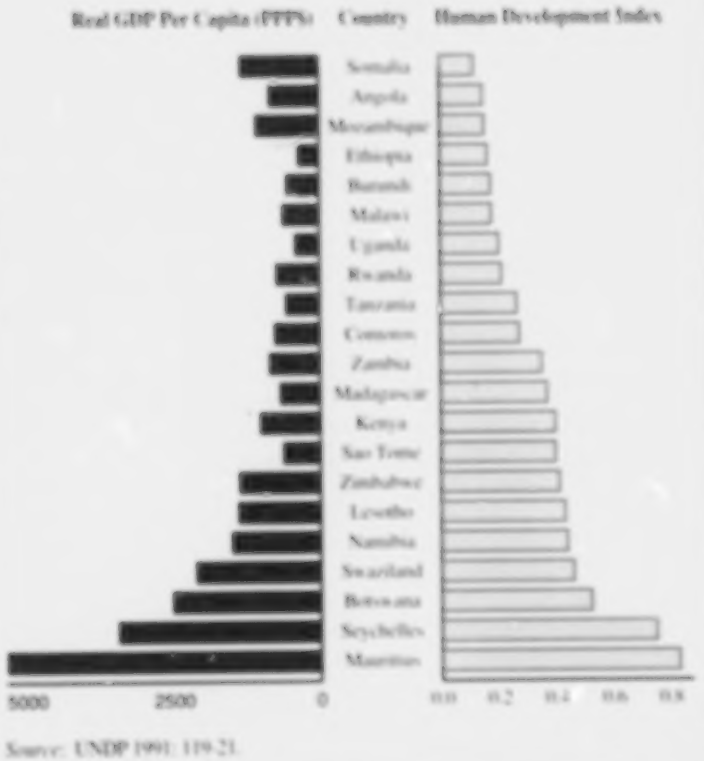
Social spending efficiently directed to the poor is a critical component of successful poverty reduction

Box 2.1
Efficiency in Government Spending on Education

Post-secondary education frequently consumes 15-20% of a government's education budget even though it benefits only 2% of the population directly and achieves a social return of only 13% (compared to 26% for primary school and 17% for secondary school) (World Bank 1990: 79-80). This inefficient expenditure should be redirected to primary and secondary education, both to increase enrolment and completion rates and to reduce repetition rates. Reallocation is particularly critical now, as the World Bank estimates conservatively that achieving universal primary school enrolment in sub-Saharan Africa by the year 2000 will require an 85% increase in the share of GNP allocated to primary education (from 1.41% (1985) to 2.53%) (Ibid.: 87). This calculation forecasts an annual increase of 3.4% in the population aged 6-11 as well as an optimistic GDP annual growth rate of 3.7%; if economic performance is weakers, a larger increase will be necessary.

is distributed is the critical matter. In brief, government expenditures can be made more efficient by redirecting them away from non-productive sectors (e.g. military spending, debt service) towards essential social sectors and also by restructuring allocations within each social sector to favour basic and community services (e.g. preventive health care and primary education) over non-basic services which are generally enjoyed by privileged people who can afford to meet some of their costs (UNDP 1990: 4, 43). Although economic growth is necessary to sustain human development in the long term, human development progress can be protected from short term setbacks (e.g. recessions and natural disasters) through programmes targeted on the most vulnerable. By reducing morbidity and mortality rates and buying large improvements in human capital, these government expenditures have generated a higher social rate of return and benefitted the poor equally with the rich.

Figure 2.5
Real GDP per capita and the HDI



Source: UNDP 1991: 119-21.

Popular Participation in Development: One of the most encouraging strategies for reducing poverty in Africa is popular participation. Recognizing that development aims primarily to improve people's lives and that people are the principal agents of development, African leaders have committed themselves to human-centred and participatory development. This commitment, which is codified in the African Charter for Popular Participation in Development, focuses not only on identifying and meeting people's needs (e.g. for health care, basic education and secure employment), but also on encouraging people's active participation in these endeavours. Particularly in this period of structural adjustment, popular consensus and commitment and solidarity are the necessary foundation for self-reliant and self-sustaining development in Africa. The Charter commits African leaders to creating a political environment which will free people's skills, energies and creativities for development as well as allow people to take full charge of their destinies. In adopting the Charter at the 1990 OAU Summit, African leaders agreed to decentralize their governments, to promote political accountability, to empower the people (especially women) and to guarantee freedoms of opinion, expression and association. This democratization of development constitutes a bright new initiative for Africa's poor.

UNICEF Initiatives

In order to reduce poverty, UNICEF should continue to advocate for the poor's improved access to land. This may be achieved by expanding tenancy, managing the exploitation of common lands, replacing collapsed traditional land tenure with clear individual titles or strengthening traditional land tenure where it still works to the benefit of the extended family (e.g. Rwanda) (Ibid.: 64-65). Where downslope migration is common, it will be necessary to promote migration to more fertile and less unstable areas, to improve farming and grazing techniques, to inculcate soil and moisture conservation (e.g. using

contour cultivation and vegetative barriers), to provide off-farm income-generating opportunities and to secure land tenancies to discourage farmers from taking short-term gains (Ibid.: 71-73).

Advocacy for improved access to credit is also necessary to enable the poor to purchase crucial inputs (e.g. hybrid seeds, fertilizer). This may involve mobile bankers, rotating associations (e.g. Ghana) or group lending (e.g. Zimbabwe's Agricultural Finance Corporation) or group savings programmes (e.g. Zimbabwe's Saving Development Foundation)). Finally, there will need to be improved access to infrastructure (especially rural roads, irrigation schemes, water and electricity) and to technology (hardier crop varieties and appropriate chemical inputs), which will improve agricultural productivity by improving yields and market linkages (Ibid.: 69-71).

Since many of the poor in ESA are subsistence farmers, bringing technologies to small-scale rain-fed farms is especially important. This, unfortunately, does not always occur. In Malawi, only 5% of smallholders have adopted a hardy and high-yield maize specially adapted to the area, chiefly because agricultural support schemes favour large farming estates in the tobacco sector. By contrast, two-thirds of Kenya's smallholders had adopted hybrid maize within ten years of its introduction in 1963, and post-independence Zimbabwe, by partially dismantling an agricultural policy which had favoured largeholders, has promoted smallholder maize and cotton production. Growth in the farming sector also fuels growth in the non-farming sector by creating demands for agricultural inputs (as well as consumer goods and services), improved transport, processing and marketing.

In addition, UNICEF—together with UNDP and the World Bank—should continue to advocate the redirection and restructuring of public expenditures to favour social services targeted on the poor. On UNDP's view, scarce financial resources bring greater social returns when they are directed to training paramedical personnel rather than doctors, financing preventive health care programmes rather than expensive hospital-based curative care, supporting vocational training rather than general education, servicing poor neighbourhoods rather than wealthy suburbs, and improving informal sector activities rather than formal sector ones (UNDP 1990: 4). Aiming for universal primary school enrolment is critical, both because the social returns to education have proved to be very high (in terms of increased productivity, decreased malnutrition, decreased morbidity and decreased fertility) and because education disproportionately helps the poor by increasing the return to their primary asset, labour.

Finally, UNICEF must be sensitive to political realities as African countries begin to initiate reform, replacing closed and authoritarian political structures with open and pluralistic ones. Such reform will provide UNICEF with an opportunity to form new alliances and to expand its range of partners. Africa's renewed attention to people-centred development requires UNICEF both to ensure that its own programmes have human

Box 2.2
Social Spending Priorities

In its Human Development Report 1991 UNDP analyses public spending with four ratios:

(i) the public expenditure ratio—the percentage of national income allocated to public spending;

(ii) the social allocation ratio—the percentage of public spending allocated to social services (e.g. education, health, welfare, housing, social security, water and and sanitation);

(iii) the social priority ratio—the percentage of social spending allocated to human priority concerns (e.g. basic education, primary health care, rural water supply); and

(iv) the human expenditure ratio—the percentage of national income devoted to human priority concerns (a product of the first three ratios) (UNDP 1991: 39).

UNDP suggests that the optimal course for developing countries would keep the public expenditure ratio moderate (about 25%), with much of this (about 40%) allocated to social services and most of this (50% or more) devoted to social priority areas. This would result in a human expenditure ratio of 5%. By contrast, high public spending with low social priorities would be extremely counter-productive, as the public sector would dominate the economy but fail to benefit most of the population.

	Human Expenditure Ratio	Public Expenditure Ratio	Social Allocation Ratio	Social Priority Ratio
Zimbabwe	12.7	52	49	50
Botswana	7.7	51	37	41
Mauritius	3.1	27	40	29
Tanzania	2.4	29	15	55

Source: UNDP 1991: 41.

In ESA, Zimbabwe and Botswana have exemplary human expenditure ratios (12.7% and 7.7% respectively), but Tanzania—with a fairly high public expenditure ratio but a low social allocation ratio—devotes only a small percentage of GNP to human priority concerns (2.4%), leaving much room for improvement. Although high—but socially unproductive—public expenditure may result from debt servicing (which ESA governments cannot control), it will also frequently result from military spending, prestige projects or loss-making parastatals. Hence there may be ample opportunity to redirect unproductive spending to social services.

development at their centre and to persuade other donors to convert their verbal commitments to human development into effective programmes. The nearly universal desire to promote popular participation in development gives UNICEF and its partners a fresh chance to tackle poverty and to build a Movement for Children in Africa.

1. UNDP is also modifying the HDI to highlight gender disparities, income distribution and changes in human development over time, but these modifications remain rudimentary for the present. At the same time, in its Human Development Report 1991, the agency presented a human freedom index (HFI) ranking 88 countries according to the number of personal, social and political freedoms which their citizens enjoyed in 1985. Sweden and Denmark, where citizens can enjoy 38 out of 40 key freedoms, rank at the top of the list. Of the seven ESA countries included in the HFI, Botswana ranks highest (29 out of 40) with the remainder—Ethiopia, Kenya, Mozambique, Tanzania, Zambia and Zimbabwe—all ranked at or below 10 out of 40.

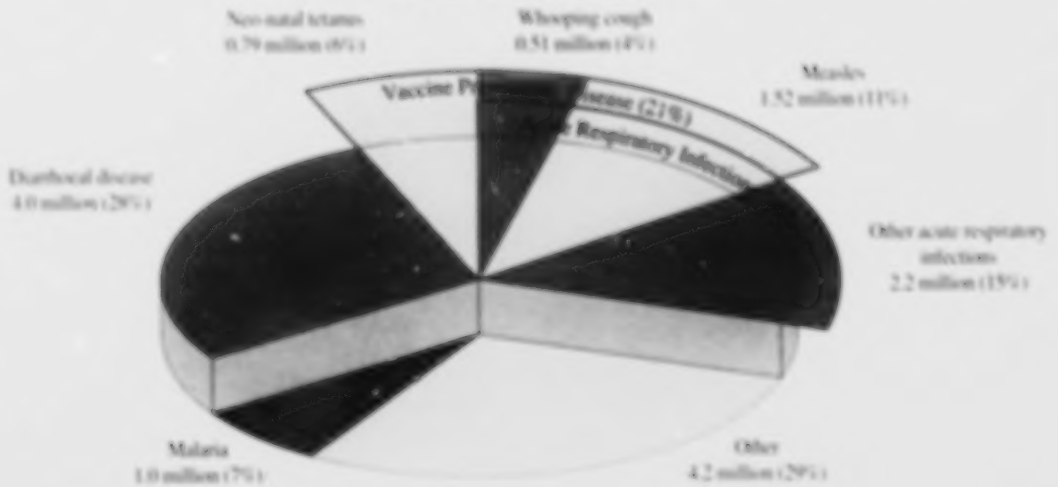
3 Children's and Women's Health

At present, UNICEF-assisted programmes of cooperation have as their primary objectives child survival, protection and development. This broad mandate translates into a variety of programmes focused on children's nutrition, immunization, growth monitoring, basic education, primary health care, water and sanitation, the control of diarrhoeal diseases and early childhood development. Women's development comes into UNICEF-assisted programmes both indirectly, as women are mothers and caretakers of children, and directly, as women's health and well-being is a basic development concern. In any case, there is a close link between women's development and children's development, with ample evidence demonstrating that improving women's health and well-being improves the health and well-being of children. For example, women's knowledge of nutrition improves children's diets; women's access to credit and incomes contributes to better household nutrition and basic welfare; improvements in the health of pregnant and lactating women reduce the incidence of low birth weight (which retards infant development) and also protect babies from birth trauma, tetanus and neonatal asphyxia.

Children's Health

Malaria, measles, diarrhoea, neonatal tetanus and acute respiratory infections continue to cause more than 70% of infant and young child deaths in ESA. Fewer deaths have been attributed to measles, diarrhoea and neonatal tetanus as immunization and oral rehydration therapy coverage rates have increased, but relatively more deaths have been attributed to malaria and malnutrition—both as a direct cause and as an important contributing factor. Perinatal and neonatal deaths now constitute about 40% of infant deaths. Tragically, infections and low birth weight—conditions

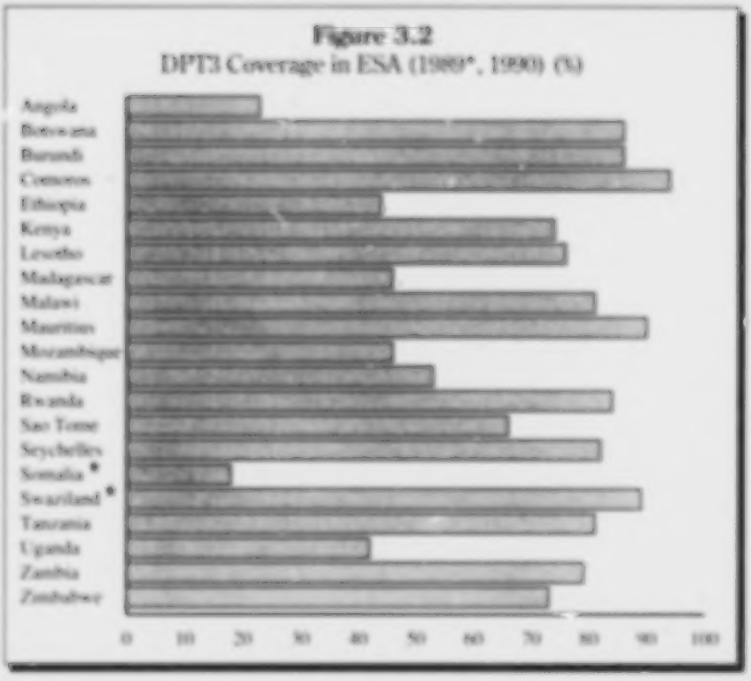
Figure 3.1
Causes of Child Deaths World-Wide



* For purposes of this chart, one cause has been allocated for each child death.

Source: UNICEF 1998e: 17.

Figure 3.2
DPT3 Coverage in ESA (1980*, 1990) (%)



which could be prevented through improvements in maternal status and health care (especially the TT vaccine and hygienic delivery methods)—cause the 20% to 40% of infant deaths which occur in the first two months of life. Finally, and perhaps most disturbingly, perinatal transmission of HIV/AIDS, which causes 80% of infected newborns to die before the age of two, is spreading rapidly in many parts of Central Africa and threatens to erase recent gains in the reduction of child mortality rates.

The paucity of health data continues to impede effective health planning

The paucity of health data in the region continues to be a major constraint, as it remains difficult to assess situations and measure the effectiveness of interventions. For most ESA countries we are unable to obtain accurate measures of access to health care (including essential drugs) or to safe water or to adequate sanitation, whether in urban or rural areas. We are also unable to obtain reliable data on maternal mortality or trained assistance during pregnancy or birth. At the same time, there are considerable statistical disparities within countries (e.g. infant mortality rates in Kenya range from 35 to about 100 per 1,000 live births) which national averages conceal. Community-based indicators would give a more complex and more accurate picture of ESA countries, which are frequently heterogeneous, with a small highly privileged upper class enjoying modern and efficient services, an emerging middle class having some (limited) access to these services and a large and growing class of people living in absolute poverty with little or no access to these services.

Universal Child Immunization (UCI) 1990: Recent data (April 1991) show that eleven ESA countries achieved the UCI 1990 target of 75% DPT3 coverage for infants. Of the ten which did not achieve it, Kenya (at 74%) and Zimbabwe (at 73%) are very close, while Angola, Ethiopia, Mozambique, Namibia, Somalia and Uganda are war-affected. To improve these results, a lot of work remains to be done. First, national UCI is still several years away in Madagascar and in the war-affected countries (with present UCI achievements limited to national and provincial capitals and other conflict-free populations) and will require increased training, costly equipment, large-scale social mobilization and generally improved health services. Only Sao Tome and Principe, with national DPT3 coverage between 60-70%, is close to attaining UCI 1990 goals. Secondly, 75% coverage, where it has been achieved, is not sufficient to prevent outbreaks of neonatal tetanus or measles—the largest killer among the vaccine-preventable diseases as well as a major cause of malnutrition, illness and vitamin A loss: 90% coverage for measles and nearly 100% coverage for tetanus will be required. Thirdly, sustaining UCI 1990 coverage levels presents an enormous challenge. Countries which have recently achieved a spectacular rise in immunization levels may slip to pre-campaign levels in the next two to three years as economies weaken further and as donor and political commitment to UCI declines. Cost analyses will be necessary to reduce wastage, lower vaccine costs and (more generally) contain costs. Technical and managerial support will also be needed. Fourthly, immunizing new-borns against neonatal tetanus through vaccinating mothers remains relatively neglected in ESA, with TT coverage stagnating and controversy continuing in some countries over the question whether all women or only pregnant women should receive the vaccine.

Additional vaccines may soon be introduced into the Expanded Programme for Immunization (EPI). A likely candidate is the Hepatitis B vaccine, which has recently become affordable to poorer economies and may attract donor funds to countries where the disease has a high rate of incidence. The introduction of the High Title Edmonson-Zaghreb measles vaccine, which can be administered at six months, may boost measles coverage rates significantly in countries with high drop-out rates between BCG and measles. Vaccines against various types of respiratory infection and various causes of diarrhoea are being developed and anti-malarial and anti-HIV vaccines are receiving a large amount of attention (though both remain at least several years away). If these become available, they will certainly be integrated into the immunization programme.

Control of Diarrhoeal Diseases (CDD): As diarrhoeal diseases remain among the five most common causes of child illness and death in our region—as well as a major cause (if not **the** major cause) of malnutrition—all countries in the region have national control programmes in place. The primary focus must be informing parents (who are the first line of defense against all childhood illnesses) of appropriate coping methods, including continued feeding and oral rehydration therapy. While access to oral rehydration salts has increased, their proper use is still low. At the same time, the use of home fluids continues to be high, encouraging further research into appropriate home fluids and weaning foods for improved case management. Several countries (Botswana, Comoros, Uganda, Zambia and Zimbabwe) are beginning to link CDD programmes with hygeniene, water and sanitation programmes. As in the case of UCI, technical, managerial and financial sustainability of past successes will be critical in the African context.

Acute Respiratory Infections (ARI): Acute respiratory infections feature among the most common reasons for out-patient care and are the major cause of death in Lesotho and Zimbabwe. Since children with pneumonia die very quickly, early diagnosis and treatment are critical. Alerting parents to its symptoms and harms is again a vital step. Community health workers must be trained to distinguish pneumonia from other illnesses, to administer antibiotics promptly and correctly and to refer critical cases to appropriate back-up medical services. The introduction of cotrimoxazole pre-packs to community health workers should improve access to necessary antibiotics significantly, helping to decrease incidence and severity. At the same time, immunization against measles and whooping cough will help to reduce the incidence of pneumonia by as much as 25%.

Integrating Child Survival, Protection and Development (CSPD): Basic CSPD strategies (including EPI, CDD, ARI and growth monitoring) should be better integrated at the health centre level. Many of the year 2000 goals adopted at the World Summit for Children depend on low-cost technologies (vaccines, antibiotics, growth charts, anti-malarials, iron tablets, vitamin A supplements, oral rehydration salts) and knowledge (about birth spacing, pre-natal care, immunization, breast-feeding, weaning, preventing and attending to common illnesses) which can be most effectively and economically delivered through community health workers. At the same time, since UCI has enjoyed stronger support and greater access to resources (e.g. vehicles, training, supervision) than the other components of CSPD, UCI may be the appropriate entry point for resources more efficiently used to support an integrated CSPD programme.

Table 3.1
ORT Use Rates (1987) (%)

0-5%	6-15%	16-45%
Madagascar	Angola	Botswana
Mauritius	Comoros	Burundi
Rwanda	Malawi	Ethiopia
Uganda	Mozambique	Kenya
Zimbabwe	Somalia	Lesotho
	Tanzania	Sao Tome
		Zambia

As ESA countries achieve high immunization levels, the CSPD health focus will shift from vaccination to disease control. Reliable health information systems (including sentinel site surveillance) will be needed to monitor and respond to the outbreak of diseases, especially neonatal tetanus and poliomyelitis (which ESA governments aim to eliminate by 1995 and 2000 respectively) and measles (which will tend increasingly to break out among older non-vaccinated populations).

Women's Health

Although it is clear that African women play a multitude of roles—mothers, care-givers, producers, household managers, community organizers—which (directly and indirectly) have an impact on children's health and well-being, UNICEF still has difficulty addressing these many responsibilties in multisectoral programmes that promote women's well-being. At the conceptual level there is a strong consensus that these interlocking and pervasive responsibilities cannot be compartmentalized but must be treated holistically. Yet, in the context of country programmes, women's development is often treated as an isolated, separate issue. Rather than undertaking a series of sporadic interventions focusing for the most part on women's roles as mothers, UNICEF should maintain a continuous focus on women's health and well-being, scoring early improvements in the health and status of the girl child and sustaining them through women's mothering, nurturing and beyond. Obtaining equal treatment for girls is the key to securing equal treatment for women.

The Girl Child: This multisectoral concern with women as women and also as mothers and caregivers should translate into a continuous effort to remove disparities in the treatment of the boy child and the girl child. Often boys have first call on family and community resources (UNICEF 1990b: 7),

There have been remarkable achievements in child immunization and the control of diarrhoeal diseases, but much work remains to be done

Eradicating gender discrimination among children will prevent its entrenchment among adults

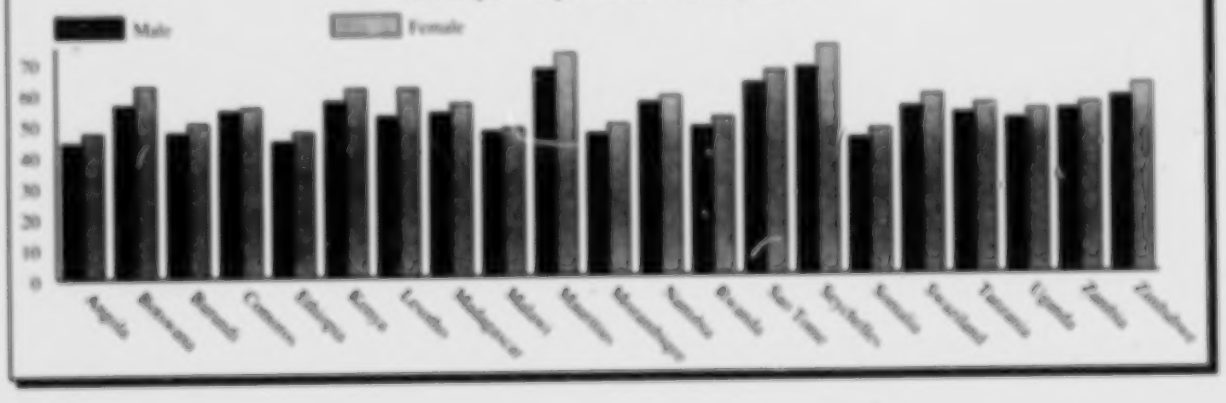
and it is plain that gender-discriminating treatment in childhood will result in deeply entrenched gender-discriminating attitudes in adulthood (UNICEF 1990c: 207). Many of these discriminatory attitudes have a negative effect on girls' and women's health. Although data are scarce in the region, there is reason to believe that infant and child mortality rates for girls are higher than or equal to the rates for boys, although the rates for girls are consistently **lower** in developed countries (Ibid.: 208). Since women often sacrifice their own nutritional needs for the sake of male family members, there is reason to fear that girls' diets are sacrificed to boys' diets, leaving girls without enough food of adequate nutritional quality for a healthy and productive life. This gender bias may emerge very early, as girls are breast-fed for a shorter period and weaned earlier than boys. As a result girls will be less able than boys to resist disease or to recover from it. At the same time, it is believed that immunization rates for girls are lower than for boys and that girls die in greater percentages not only from preventable diseases but also from malaria, diarrhoea and acute respiratory infections (Ibid.).

Since aggregated data mask these critical disparities, high priority must be given to collecting gender-specific data on all key child survival and development indicators, health indicators and nutrition indicators. Significant disparities must be revealed and highlighted. To remove them, health sector programmes should include affirmative action for the benefit of the girl child. Particular attention should be given to harmful traditional practices such as female circumcision and infibulation, which must be legally and practically abolished. Health education programmes, including family planning services, should reach out to the girl child to increase the control which she has over her own health and well-being. Parents must be alerted to the importance of providing adequate nutritional diets to their girl children.

On a broader front, popular attitudes concerning the girl child's socio-economic status—which have a significant detrimental effect on her physical and emotional health as a child and a woman—must be changed. Where the girl child is culturally undervalued (e.g. where her marriage requires payment of a dowry, making her an economic liability), she will have fewer rights and entitlements than her brothers, she will receive less education and she will be forced to work longer hours inside or outside the home. Frequently, she will be married early to reduce her cost to the family. (In Kenya, for instance, 53.2% of females, but only 5.2% of males, were married between the ages of 15 and 19 in 1982 (UNICEF 1990: 209).) There is reason to suppose that this disparity will have grown in AIDS-affected regions, as girls who have avoided perinatal HIV transmission and who are not yet sexually active will be particularly prized as wives and mothers, despite their very young age.

Early marriage will generally mean early pregnancy, with its many attendant hazards both for the young mother and for her child. Girls under fifteen may face five times the risk of death in pregnancy or childbirth which women aged 20-24 years face, and the risk remains twice as high for girls between fifteen and nineteen (UNICEF 1990c: 210). Her child is more likely to suffer from low birth weight and so more likely to die in the perinatal period or to suffer from stunting and from poor mental development in the critical first two years of life (when the brain attains 80% of its adult size). For these young mothers and their children, expanded health education is critical, with particular emphasis on contraceptive knowledge, birth spacing, and

Figure 3.3
Life Expectancy at Birth (1988) (years)



other safe motherhood practices. At the same time, families must be encouraged to treat the girl child more equitably, and early marriages should be strongly discouraged. A legislated minimum age of marriage would help considerably.

Safe Motherhood: Maternal mortality rates (MMR) remain very high in ESA, although reported figures vary widely according to source and year (reflecting the fact that maternal health has not been a priority issue in the past). The conditions leading to female morbidity and mortality include malnutrition, intercurrent infections, sexually transmitted diseases and pregnancy-related complications (especially anaemia, toxaemia, infection, haemorrhage, obstructed labour and septic abortions). In ESA these are complicated by teenage pregnancy, taboos and other harmful traditional practices which are deeply rooted in socio-cultural attitudes towards girls and women.

A few basic principles can reduce maternal and child morbidity and mortality rates sharply. Most maternal deaths occur to women who space births less than two years apart, or give birth more than four times, or give birth when they are younger than 18 or older than 35 (UNICEF 1991: 18, 20). UNICEF estimates that spacing births at least two years apart would alone reduce child deaths by 20% and maternal deaths by 30% as well as decrease child malnutrition significantly (Ibid.: 20). At the same time, pregnant women should receive adequate rest and nutrition to preserve their strength and to prevent the birth of low birth weight babies. In addition, there must be adequate prenatal care to screen pregnant women for anaemia and high blood pressure (both major killers), to innoculate mother and child against tetanus and to identify high-risk cases for referral to a hospital or a maternal waiting home. All births must be attended by trained personnel to ensure clean deliveries and to address possible complications or emergencies. Many of these basic principles are at present not known or not followed in the Eastern and Southern Africa region.

Table 3.2
Hazardous Births in ESA

Country	MMR	% Births Attended
Ethiopia (1985)	2000	14
Somalia (1985)	1100	2
Madagascar (1989)	378	62
Namibia (1989)	370	—
Comoros (1989)	370	24
Swaziland (1986)	340	50
Tanzania (1986)	340	74
Malawi (1989)	320	60
Mozambique (1988)	280	25
Uganda (1987)	265	45
Lesotho (1985)	220	28
Rwanda (1980)	210	5
Botswana (1989)	200	76

Indiscriminating Killers

Two killers which disproportionately affect pregnant women and children under five are spreading rapidly throughout the region: malaria and AIDS. UNICEF Tanzania estimates that, by the year 2000, malaria and AIDS will account for as much as 60% of all child deaths in that country. Controlling these two killers has emerged recently as the principal health challenge in ESA.

Malaria: Malaria may be the most serious tropical disease in Africa. Of the 8.3 million cases of malaria reported to WHO in 1988, 3.3 million were from sub-Saharan Africa (WHO 1990: 11). WHO believes that these numbers substantially underrepresent the global incidence of clinical malaria, which it estimates at about 110 million cases annually (Ibid.). WHO also reports that more than 25% of malaria deaths occur in children under five and that malaria causes about 10% of the deaths in children under fourteen (Ibid.: 13).

These statistics are borne out in several ESA countries (Comoros, Kenya, Tanzania, Uganda) where malaria or malaria-related diarrhoea is among the top three causes of infant and child deaths (see UNICEF Annual Reports 1990). At the same time, malaria in pregnant women is a major cause of high fever and severe anaemia which may lead to the death of the foetus or to low birth weight infants. The incidence of malaria in adults, besides decreasing health and productivity levels severely, can be a major cause of death (15% of admitted cases to health clinics in Tanzania). Recently, there has been a recrudescence of malaria in Southern Africa (due perhaps to the extension of agriculture into areas of potentially high transmission or to the occurrence of heavy rains (WHO 1990: 15)), with chloroquine-resistant malaria spreading in Malawi and with recent malaria epidemics breaking out in Botswana, Zambia and northern Namibia. In addition, resistance to "second-line" drugs (e.g. sulfadoxine-pyrimethamine) is increasingly frequent (Ibid.: 13). Only Madagascar has successfully fought malaria, reducing malaria-related mortality levels by 35% through chloroquine distribution, social mobilization, increased environmental sanitation and indoor spraying in high-plateau malaria areas.

Several ESA countries are developing or improving national anti-malaria programmes (Malawi, Tanzania, Zimbabwe) although some of the most heavily infected countries (Kenya and Uganda) have not yet made major

Over 25% of malaria deaths occur in children under five

Table 3.3
AIDS Cases per 100,000 Population

Country	Cumulative cases		Annual growth rate
	1987	1989	1989
Malawi	11.8	84.1	37.0
Uganda	21.7	75.6	31.8
Zaire	7.3	35.2	18.6
Kenya	6.3	30.2	12.1
Tanzania	6.8	26.3	8.8

Source: UNICEF Malawi Annual Report 1990: 33.

interventions. The basic strategy typically includes the following items. (i) Improve diagnosis, treatment and access to treatment. This may involve training health care workers to recognize malaria symptoms at earlier stages and alerting them to seasonal fluctuations in its incidence (Botswana). It will also require the development and provision of second-line anti-malarials to combat chloroquine failure, especially in Zanzibar, Malawi, Mozambique and northern Botswana, as well as expanded use of chemotherapy for symptomatic cases. (ii) Retard the malaria incidence rate through the use of anti-malarial tablets and insecticide-impregnated netting (which can be produced locally by women in small-scale businesses, e.g. Kenya's pilot community-based malaria programme in Kisumu district). (iii) Promote malaria-focused information in the health education component of primary and secondary school curricula as well as in community outreach programmes focused on the control of diarrhoeal diseases (as in Malawi) or on the improvement of water and sanitation. (iv) Manage the environment to control and ultimately to reduce mosquito breeding. This will usually require a recurrent spraying campaign—which will in turn require improved transportation links.

To assist countries in their efforts to control malaria, UNICEF can provide supplies for vector control (Mozambique), recommended drugs (e.g. anti-anaemia drugs as well as chloroquine and other chemotherapeutic drugs) for treatments, technical assistance (e.g. basic equipment for insectories and for diagnostic laboratories (Namibia)) and in-service training of field workers (Mozambique). Research into preventive strategies and basic treatments should be improved and expanded. Insecticides used in vector control projects must be tested for their health and environmental side effects.

Table 3.4
HIV-Infection in Pregnant Women (%)

City	1986	1987	1988	1989
Blantyre, Malawi	4.2	11.7	—	—
Bujumbura, Burundi	16.0	—	—	20.0
Kampala, Uganda	14.0	—	—	24.0
Kigali, Rwanda	18.1	—	—	30.0

Source: UNICEF 1990d: 11.

AIDS: A recent study of the impact of HIV/AIDS in ten Central and East Africa countries—including Burundi, Kenya, Malawi, Rwanda, Tanzania, Uganda and Zambia—estimates that the disease will add 1.4 to 2.7 million child deaths to those countries in the 1990s (Preble 1990: 675). This will bring under five mortality rates from 158 per 1,000 live births in 1990 up to as much as 189 in 1999 instead of down to 132 as previously projected (Ibid.: 675, 679). During the same period, AIDS will kill 1.5 to 2.9 million women in their childbearing years, leaving 3.1 to 5.5 million AIDS orphans (6 to 11% of children under fifteen) (Ibid.: 671, 675). In 1989, Malawi recorded the highest incidence of HIV/AIDS in the world (84 cases per 100,000 population) as well as the highest annual growth rate (37 per 100,000), with one study finding more than 20% of antenatal patients in Blantyre and Lilongwe to be HIV-positive. In Uganda's rural Rakai district, over 25,000 children under 18 (12.8%) are reported to be orphans (Hunter 1990: 684), with AIDS as the most likely explanation. In all ten countries, urban seroprevalence rates (ranging from 4.0 to 22.9% in 1988, with a median rate of 8.1%) are consistently higher than rural rates (with a median rate of 2.3%). While perinatal transmission has created significant concentrations of HIV/AIDS in the 0-5 age group (16% of Kenya's cases), the disease is most heavily concentrated in the sexually active population aged 15 to 44—men and women in the prime of life, whose deaths force the productive burden increasingly on the young and old.

The primary victims of HIV/AIDS are women in their childbearing years, who are infected 1.3 to two times as often as men (Burundi, Kenya). Some estimates place the actual number of HIV-infected women at 1,500 per 100,000 in sub-Saharan Africa (UNICEF 1990d: 12). Since there is a 25-40% chance that HIV-infected women will pass on the virus during pregnancy or childbirth, these statistics sketch the outlines of a devastating tragedy. Children born with AIDS are born to die. About the sixth month, the HIV-infected newborn begins to show symptoms of the disease (fever, weightloss, respiratory infection, loss of appetite, chronic

diarrhoea). No longer able to absorb nutrients effectively, its growth falters or regresses. Lacking mature natural defences to sickness, it succumbs to the disease swiftly. Nearly half of HIV-positive newborns die before the age of two and 80% die before the age of five (Ibid.: 7).

The newborn's illness and death—if it is diagnosed correctly—may be the first intimation to its mother that she too has AIDS. As a woman, she will have less access to advanced health care than a man. Ill herself, she is less able to care for her children. Her home deteriorates; her skills and knowledge atrophy. Her children will soon be orphaned—leading them to premature illness or death, or to a cramped life on the streets or in an orphanage, or to adoption into a family which may neglect, alienate, overwork or undereducate them. In the more fortunate cases, the children's grandparents, having buried the daughter they expected to care for them, will assume the burden of raising these motherless children (Hunter 1990: 681). (In Rakai, 43% of guardians are over 50 years of age (Ibid.: 685)). In less fortunate cases, fourteen or fifteen year old children will be forced to become heads of households, supporting their siblings through casual labour and cultivation. Providing food, clothing and shelter become daily struggles; love and affection are luxuries. At the same time, young girls who have missed perinatal HIV transmission and are not yet sexually active will be increasingly pressed to become the mates of men seeking to avoid the AIDS scourge. Early pregnancy, with its many risks both for the young mother and her child, frequently follows.

AIDS in children always kills. There is no cure and no vaccine. A few new drugs (e.g. AZT) retard the progress of the disease, or treat painful and debilitating symptoms, but these may have toxic side-effects and are in any case unaffordable to ESA countries. Since there is nothing that can be done to save a child who is born with the virus, efforts to combat AIDS in children must concentrate on preventing perinatal transmission. Thus a major way to prevent HIV infection in children is to contain the spread of HIV in women: saving mothers is the key to saving children (Preble 1990: 677). This will require a fundamental change in attitudes and in behaviour.

UNICEF's AIDS programmes—which can be fairly readily integrated into its primary health care activities—focus on two objectives: (i) preventing HIV transmission in every way possible and (ii) improving the personal and social environments of people living with HIV or AIDS, especially AIDS orphans (UNICEF 1990d: 21). A greater effort must be made to spread correct information about the disease (through health education, poster publication, community seminars, etc.), to combat ignorance, to shake people out of fatalistic complacency and to help people to protect themselves from HIV transmission. If HIV/AIDS is not understood, parents will lose confidence in other effective health interventions (such as breastfeeding, immunization and rehydration therapy) which, because they have little positive impact on HIV-infected children, may seem ineffective all around. Alternatively, parents may assume that a sick child has AIDS and seek no help even for preventable illnesses (Hunter 1990). A special effort must be made to reach teens before they become sexually active. To give the attack on AIDS the widest possible front, there should be extensive coverage of AIDS in training programs for nurses, paramedics, community health workers, traditional birth attendants and primary and secondary school teachers.

Women—the principal victims of AIDS—must be granted more control over their sexual lives. At present, women in the traditional environments of ESA seldom make use of prophylactics, especially barrier prophylactics effective in the combat against AIDS, because they are expensive and rarely available and because they require the informed participation of their sexual partners. Family planning services and STD prevention and control programmes must be extended into all communities. Advertisements such as "love carefully" and "live positively with AIDS" (TASO) will need to be reiterated continually and with sensitivity, not just by

In the next decade, AIDS will cause as many as 2.7 million child deaths in Central and East Africa

Figure 3.4
Infant Mortality Rates

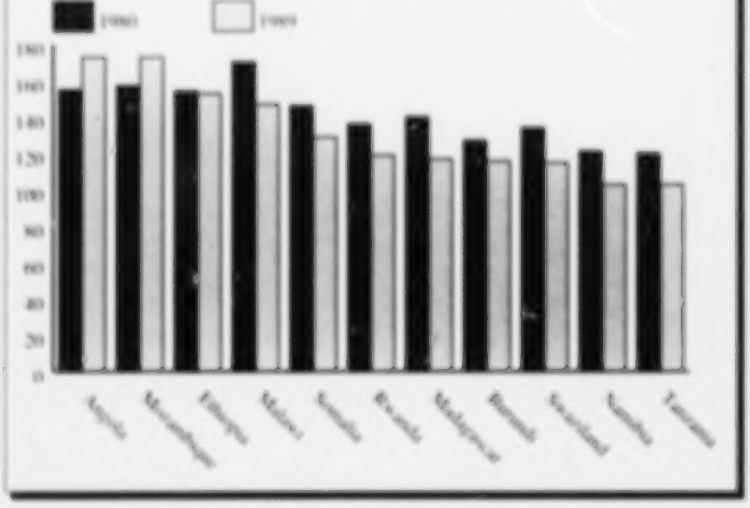


Table 3.5
Food Import Dependency Ratio

Country	1979-81	1984-86
Botswana	65.8	79.5
Burundi	2.1	2.4
Kenya	10.2	12.8
Lesotho	46.9	59.2
Madagascar	8.6	7.0
Malawi	3.3	1.8
Mauritius	76.0	63.6
Rwanda	1.6	4.0
Somalia	33.6	26.4
Tanzania	4.7	4.9
Uganda	2.2	1.0
Zambia	22.1	14.1
Zimbabwe	4.2	7.6

Source: UNDP 1990: 150-51.

organizations such as UNICEF but also by the regular media, educators, community leaders, elders and priests, theatre groups, etc. To maintain confidence in immunization programmes, hospitals and clinics must routinely sterilize blood, blood products, and hypodermic needles to ensure that they are HIV-free.

Perhaps most important, and most difficult to achieve, HIV-carriers and their families must be given proper care and counselling. With austerity measures choking government expenditures, it will be extremely difficult for African governments to expand basic health services to confront the growing AIDS crisis. (Against the $2-$10 per person which the governments of developing countries spend on health care, a $1 ELISA test to determine HIV-positivity is already extravagant.) Home care for AIDS patients must become a real alternative to institutional care in overcrowded and underfunded hospitals. At the same time, community-based and culturally-acceptable caregiving systems are urgently needed for AIDS orphans, whose sheer numbers threaten to overwhelm institutional and non-institutional care-givers extremely rapidly. (It is estimated that between 400,000 and 1.2 million children in Uganda are orphans, with AIDS being the largest cause.) In all care-giving environments, HIV/AIDS-related technologies developed for adult cases must be adapted to pediatric cases.

Table 3.6
Some Demographic Indicators (1989)

Country	Fertility rate	Population growth rate (1980-88)	Food prod. per capita (1980=100)
Angola	6.4	2.6	80
Botswana	7.1	3.6	69
Burundi	6.8	2.8	88
Comoros	6.6	3.1	97
Ethiopia	6.9	1.8	91
Kenya	6.7	4.1	103
Lesotho	5.8	2.8	72
Madagascar	6.6	3.1	92
Malawi	7.6	3.2	86
Mauritius	1.9	1.5	94
Mozambique	6.4	2.6	82
Namibia	6.1	3.1	92
Rwanda	8.2	3.4	72
Seychelles	3.4	0.6	—
Somalia	6.6	3.5	97
Swaziland	6.5	3.4	—
Tanzania	7.1	3.7	90
Uganda	7.3	3.4	85
Zambia	7.2	3.9	96
Zimbabwe	5.7	3.1	94

Sustainable Health

Although crude death rates have fallen to 5-20 per 1,000 population for all ESA countries, crude birth rates continue to range from 41-56 per 1,000 population (excepting Mauritius and Seychelles), bringing population growth rates over 3% per annum on average. At this rate, ESA countries will double their populations every twenty years, with devastating effects not only on service delivery but also on local environments as human demands exceed the sustainable yield of fragile ecosystems (King 1990: 664). Although reducing infant and child death rates is necessary for reducing birth rates, it is not sufficient. Along with vertical interventions (such as immunization and oral rehydration) designed specifically to reduce death rates, parallel horizontal interventions (such as empowering women, improving access to family planning services and increasing social and economic returns) are needed specifically to reduce birth rates. This is particularly true as long as child mortality rates remain above 100 per 1,000 live births—apparently the critical threshold for triggering a strong and persistant fall in fertility rates (UNICEF 1990c: 43). If such programmes are not successfully and concurrently implemented, an unstable period characterized by low death rates and high birth rates will trap increasing populations in poorly serviced communities and rapidly deteriorating environments. The ultimate outcome—as a region winds down to total ecological collapse—will be indefinite dependency on emergency relief, higher numbers of environmental refugees and (after a period of initial decline) increasing death rates (Ibid.).

Bringing social and economic gains to Africans, which is of course the primary and most ambitious goal of development, would be most effective in reducing fertility rates.

There appears to be a correlation between urbanization, modernization and improved standards of living, as children are no longer needed to help in agricultural work or expected to care for their elderly parents. Moreover, changes in lifestyle and expectation lead people to have fewer children whom they can rear more ably (UNICEF 1990e: 37). Unfortunately, serious constraints prevent rapid socio-economic growth in ESA, widening the gap between falling death rates and falling birth rates and causing the unprecedented population explosion which we are now witnessing.

Improving the social and economic status of women—in itself an important goal—would also be especially effective in reducing fertility rates. Women who have a fairly wide range of economic opportunities, who have full control over their lives (including their sexual lives) and who are educated (particularly in health and nutrition and family planning) are less likely to allow fate to dictate the number of children they will bear. Based on *World Fertility Study* findings, UNICEF reports that if women in developing countries were permitted to determine the size of their own families, they would have two fewer children on average, reducing population growth rates by about 30% (UNICEF 1988e: 47).

At the same time, family planning services should be extended to meet the demand already existing. Although less than 15% of the population in ESA uses some form of contraception, the majority—partly because declining infant and child death rates have made family size predictable and controllable—recognize that family planning is possible and that appropriate family planning can have a huge impact on their physical and mental well-being. (That the demand for contraception is often met by an unlicensed abortionist—leading to 20-30% of all maternal deaths—is tragic proof of this.) Exclusive breastfeeding for the first four to six months of a child's life is critical: besides providing cheap, safe, hygienic and complete nourishment to the child, it is also an effective (albeit not foolproof) natural contraceptive.

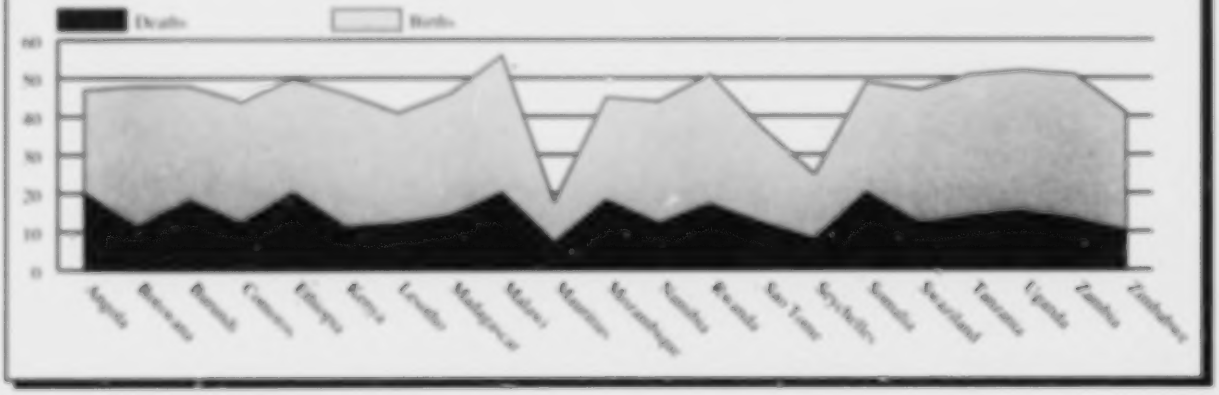
Table 3.7
Food Aid in Cereals
(1,000 metric tons)

Country	1981-82	1984-85	1987-88
Angola	74.5	83.7	100.7
Botswana	6.5	38.5	51.3
Burundi	9.0	17.1	4.3
Ethiopia	189.7	868.9	825.3
Kenya	127.2	339.8	118.8
Lesotho	34.2	70.8	49.6
Madagascar	87.1	98.1	75.8
Malawi	2.0	5.4	102.8
Mauritius	42.5	9.2	31.5
Mozambique	148.5	377.8	466.3
Rwanda	12.6	34.5	7.1
Somalia	185.9	247.9	152.4
Tanzania	307.5	124.7	71.5
Uganda	48.5	30.2	29.3
Zambia	100.0	116.3	140.4
Zimbabwe	—	131.3	13.9
TOTAL	1375.7	2594.2	2241.0

Source: UNDP-World Bank 1989: 158.

Unless more intensive efforts are made to reduce birth rates, population pressures in many parts of ESA will lead to irreversible and destructive changes to the environment. As population growth forces more and more Africans to substitute intensive for extensive agriculture (which permitted land to replenish itself naturally through a fallow period), formerly fertile land will be leeched of its

Figure 3.5
Births and Deaths (per 1,000 population)



nutrients to the point where its carrying capacity will fall far below population levels (UNDP 1990: 5,7). As a consequence, food imports will become increasingly regular (e.g. Ethiopia) and drought cycles will become increasingly common. It is vital for the region that human demands do not exceed the sustainable yield of the environment: birth rates must be lowered quickly, before communities are forced in the quest for survival to destroy their ecosystems.

UNICEF Initiatives

With diarrhoea, immunizable diseases and acute respiratory infections causing more than 70% of the child deaths in ESA, UNICEF priorities for the 1980s will continue into the 1990s. It remains a major challenge both to raise immunization levels (to 75% coverage for DPT3 and poliomyelitis, 90% coverage for measles and 100% coverage for tetanus) for *all* ESA countries and to sustain these levels beyond the decade. At the same time, current CDD and ARI programmes should be improved and extended, with special emphasis on alerting parents to the symptoms and harms of respiratory infections and to the proper use of oral rehydration salts. Since many of the year 2000 CSPD goals depend on health education and low-cost technologies delivered most efficiently and economically through community health workers, UNICEF and allied organizations should extend and strengthen community health centres throughout ESA.

The health of the girl child must receive special consideration in the 1990s, both because gender discrimination has an unacceptably negative impact on girls' health (and therefore on women's health) and because women's health has a direct impact on children's health. Gender-specific data on all key CSPD, health and nutrition indicators will be required, both to assess the extent of gender disparities and to evaluate programmes designed to remove them. At the same time, UNICEF must maintain a focus on women's health *per se*: the relative neglect of maternal health in ESA (where maternal mortality rates continue to range from 19 to 2,000 per 100,000 live births) is particularly shocking.

Obvious additional priorities in ESA include the control of malaria and HIV/AIDS. With malaria epidemics continuing in East Africa and re-emerging in Southern Africa, national anti-malaria programmes urgently require strengthening, with emphasis both on prevention (through education and vector control) and on treatment (through effective diagnosis and increased access to first- and second-line anti-malarials). As the AIDS scourge will not succumb to any known treatment, AIDS prevention (chiefly through health education) is critical in the heavily infected Central and East African countries. At the same time, with particular reference to UNICEF, greater efforts must be made to improve the personal and social environments of the growing numbers of AIDS orphans.

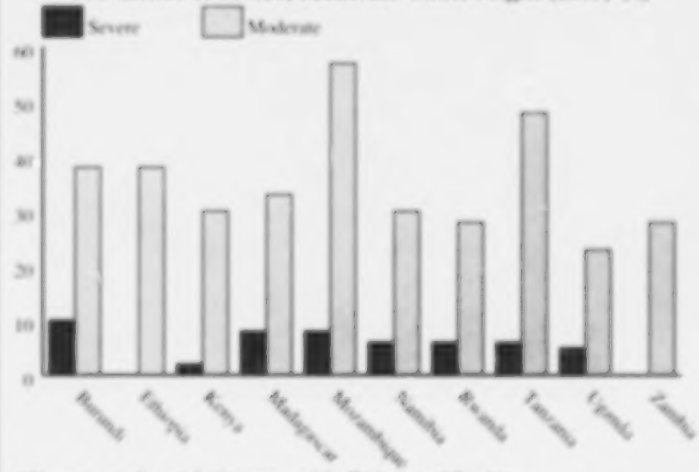
While many UNICEF interventions aim laudably to reduce death rates, growing population pressures on fragile ESA environments indicate that parallel efforts to reduce birth rates are also—critically—necessary. A failure to reduce fertility rates (by empowering women, improving access to family planning and increasing social and economic returns) will lead ultimately to complete ecological collapse, indefinite dependency on emergency relief, large refugee populations and—ironically—higher death rates. The movement towards this disaster must be arrested now.

4 Nutrition

Nutrition goals for the year 2000 present an enormous challenge in ESA. These goals include reducing low birth weight to less than 10%, reducing child malnutrition to one-half of 1990 levels, reducing iron-deficiency anaemia in women of childbearing age to two-thirds of 1990 levels and eliminating both iodine deficiency diseases and vitamin A deficiency and its consequences. Over 1980-88, protein energy malnutrition affected more than 3 in 10 children nationally in Burundi, Ethiopia, Kenya, Madagascar, Mozambique, Namibia and Tanzania, with perhaps 5 in 10 children affected in the poorest areas. Besides contributing to repeated severe infections, malnutrition now ranks among the five major causes of child deaths in ESA. Excepting Angola, stunting (ranging from 7% to 70% over the 1980s) is more common than wasting (ranging from 1% to 64%), indicating that chronic malnutrition is a larger problem than acute malnutrition. Unfortunately, nutrition surveillance data are fragmentary or non-existent in much of ESA, making it difficult (if not impossible) to assess the extent of nutritional deficiencies and the effectiveness of recommended interventions.

This is especially true for micronutrient deficiency disorders, which are not routinely monitored in ESA. Anaemia—an important underlying cause of child deaths—is widespread in children and women (especially pregnant women, who have higher iron and folic acid requirements), particularly in Tanzania. Iron prophylactics are rarely available in health facilities and, when they are available, women often fail to take them regularly. Vitamin A deficiency—a common cause of blindness in children and an underlying cause of death in children suffering acute infections such as pneumonia and measles—is also widespread. Vitamin A tablets should be made more readily available in areas known to have deficiencies and, as a long-term preventive measure, people in these areas should be encouraged to produce and consume vitamin A rich foods (dark, brightly coloured fruits and vegetables). Moderate to severe iodine deficiencies occur in Ethiopia, Kenya, Malawi, Tanzania, Zambia and Zimbabwe (with ten other countries mildly affected), leading to increased infant deaths as well as physical and neurological disorders in children and adults. Each of the moderately- to severely-affected countries, except Zambia, have implemented national programmes to eliminate IDD, with iodised salt now produced in Ethiopia, Kenya and Tanzania. In addition, Malawi and Tanzania are distributing iodised oil in highly endemic areas.

Figure 4.1
Prevalence of Severe/Moderate Underweight (1988) (%)



* No severe underweight data reported for Ethiopia and Zambia.

A neglected area is protein energy malnutrition in women. Most national nutritional surveys exclude women of childbearing age, despite estimates that women in ESA typically gain no more than 4 kgs during pregnancy (as opposed to 10 kgs for women in developed countries). Although more than half of the births in ESA occur at home and newborns are seldom weighed, available data indicate that (over 1980-88) 13% to 20% of the children born in Angola, Burundi, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Swaziland, Tanzania, Zambia and Zimbabwe had low birth weights, greatly enlarging their exposure to perinatal and neonatal morbidity and mortality. As WHO's low birth weight scale becomes more

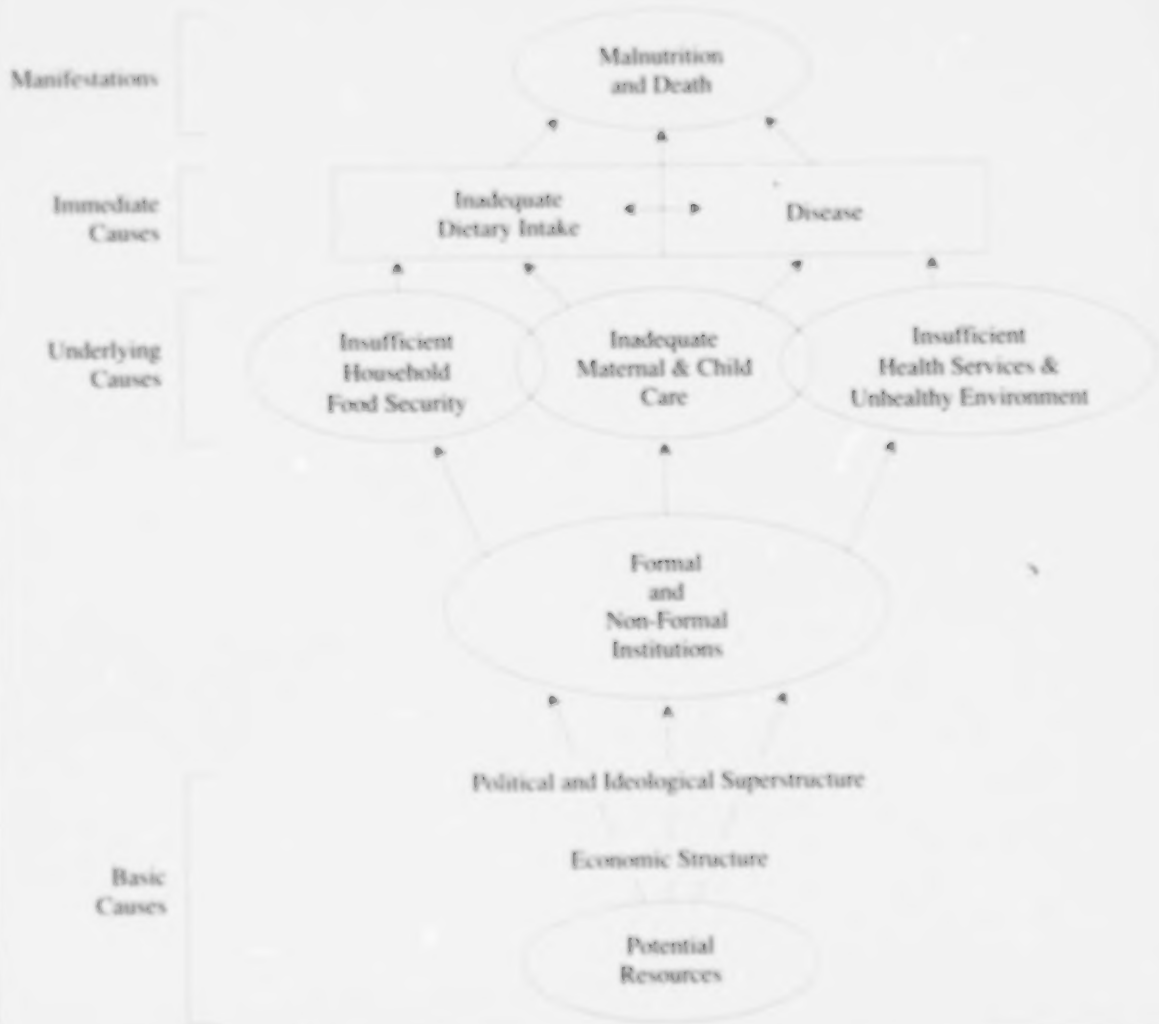
readily available to trained birth attendants, it should be possible to identify and to start special care for low birth weight babies immediately.

The New UNICEF Nutrition Strategy

In April 1990 the UNICEF Executive Board approved a new nutrition strategy designed in part to achieve the 1990s goals. This strategy draws on experience gained in the Joint WHO/ UNICEF Nutrition Support Programme (JNSP). The Iringa Nutrition Programme in Tanzania, which began in 1983, has been the most successful model, reducing severe malnutrition in young children from 6.3% to 1.8%, and moderate malnutrition from 56% to 38%, in 168 participating villages. The new nutrition strategy differs from previous strategies in three ways. (i) It views good nutrition as a basic human right rather than as a utilitarian investment in human capital. (ii) It views nutrition, not as a sectoral activity, but as the manifestation of a sequence of multisectoral social processes. (iii) It is community-based, focusing on the people whose nutritional status is at issue and participating in the coping strategies which they themselves develop as a response to their nutritional problems. By exploiting local skills and mobilizing local resources, UNICEF hopes to promote self-reliance and sustainability in nutrition.

Conceptual Framework: In the conceptual framework of the new strategy, nutrition is analysed and addressed as the outcome of a complex and particular sequence

Box 4.1
Causes of Malnutrition and Death



of social processes (UNICEF 1990a: 19-22). The most immediate causes of malnutrition and death are identified as dietary inadequacies and disease (particularly infectious disease). These conditions are themselves the consequence of insufficient household food security, inadequate maternal and child care, and insufficient health services and an unhealthy environment. These three problem clusters are collectively the underlying causes of malnutrition and they are in turn the consequence of certain basic or structural features of the social, political and economic environment. That is, the potential resources of a country are exploited through particular formal and informal institutions operating within a particular economic structure and a particular political and ideological superstructure. Such constraints collectively are the basic or structural causes of malnutrition.

On this analysis, household food security is clearly shown to be a necessary, but not a sufficient, condition for good nutrition. Hence the conventional coupling of household food security and nutrition, by suggesting an identification of these two concepts, is misleading (Ibid.: 19, 20). It detracts attention from other equally important causes of malnutrition and obscures the processional framework which is most appropriate to understanding nutrition. Only when household food security is joined with adequate maternal and child care—the least studied of these underlying causes—as well as the availability of basic health services and a healthy environment do we approach a sufficient condition for good nutrition.

The "Triple A" Approach: UNICEF's new nutrition strategy advocates a multi-sectoral analytical approach which attempts to use nutrition as a focal indicator of the processes assisting or obstructing child survival, protection and development. Rather than implementing a predetermined package of monofocal technical interventions, ongoing *assessment* and *analysis* undertaken in a community-based nutrition-monitoring system will permit an evolutionary engineering of *actions* (at the household, community, district and national levels) appropriate to local and changing conditions. In this approach, it is critical that people in poor communities take an active part in the regular monitoring and analysis of nutritional status. Merely by measuring four anthropometric indicators (age, sex, weight, height) and mapping them against a universal norm—a task easily mastered—people would be alerted to the gravity of the nutritional problems affecting their own children. By analysing the data collected—through use of the conceptual framework—the linkages between different factors contributing to malnutrition would be clarified. A parallel study of the community's resources, focusing on who controls these resources at what levels, would empower people to act positively to reduce malnutrition. In ESA, malnutrition often results from improper breastfeeding practices (e.g. premature supplementation or weaning), infrequent feeding with bulky contaminated foods, repeated infections and parasitic infestations and household food insecurity (particularly in the 15-46% of ESA households which are female-headed). At the more basic level, decreased food production, rapid urbanization and prolonged periods of structural adjustment are contributing factors.

Nutrition strategies will contain various component actions, addressing manifestations and immediate causes, or underlying causes, or structural causes of malnutrition. Breast-feeding (which also promotes birth spacing, mother's health and well-being and control of diarrhoeal diseases) will continue to have a prominent role. To address the manifestations and immediate causes of malnutrition, there may need to be greater access to oral rehydration therapy, direct feeding programmes, life-saving drugs (e.g. antibiotics and anti-malarials) or micronutrients (e.g. iron supplements) and, for severely malnourished children, institutionalized care. The underlying causes of malnutrition will yield to attaining UCI objectives, ensuring household food security, improving maternal and child care, expanding access to high-quality primary health care and extending health education and family planning services. At a higher level, improved

Box 4.2
The Triple-A Cycle

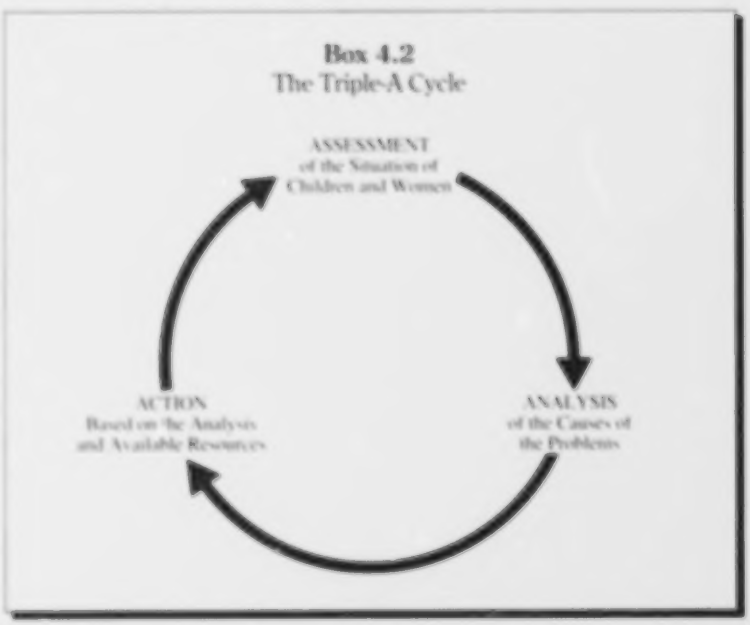


Table 4.1
Babies with Low Birth Weight (%)

	1985	1987
Angola	17	24
Burundi	14	14
Ethiopia	13	—
Kenya	13	11
Lesotho	11	—
Malawi	10	20
Mozambique	15	20
Rwanda	17	17
Swaziland	15	—
Tanzania	14	14
Zimbabwe	15	15

situation analyses, policy planning, technological development and advocacy will help to alter structural causes. The particular mix of component actions will be tailored to the local situation.

Household Food Security

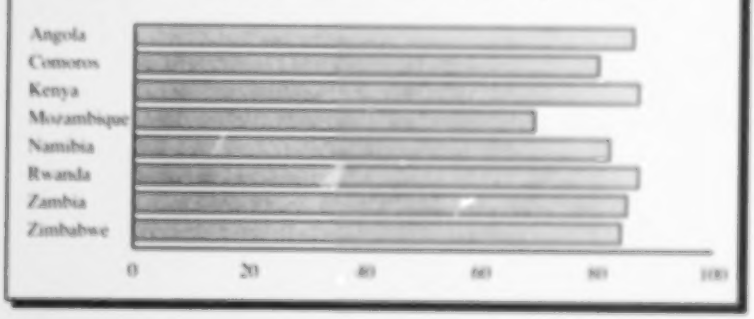
Of the three primary causes underlying malnutrition, household food security has been the most studied. Household food security concerns the capacity of a domestic unit at all times to provide its members with food of sufficient quantity and quality to support them in healthy and productive lives. Even though household food security is only one of three causes underlying malnutrition, it is a serious problem in ESA because many households continue to be food *in*secure and because the effort to obtain or sustain food security continues to require the enormous utilization of (human, economic and organizational) resources, compromising their use for other vital components of good nutrition.

Different groups of people will confront different food security issues. Subsistence farmers and small market-oriented farmers are generally more able than other groups to maintain food security, because they often benefit from adjustment policies (e.g. agricultural price increases) and because they are relatively insulated from decreasing real incomes. Rural households can minimize their exposure to food insecurity through mixed cropping, plot dispersal and fragmentation, locally-developed crop adaptations, and multiple labour recruitment and deployment mechanisms (Fleuret 1990: 22). When agricultural development reduces crop diversity, rural households often produce "minor" crops or keep household gardens to hold down the risk of food insecurity (Ibid.: 12). For the same reason, most rural households supplement food income with cash income derived from various sources (the sale of crops, crafts, livestock, wild produce, casual or seasonal or full-time labour). At present there is little known about how these income-generating activities are integrated into rural household economies (e.g. for investment or immediate consumption) or what value they have in comparison to farming activities. For example, wage employment—especially urban wage employment in the informal sector—may be more remunerative than is generally believed (Ibid.: 16).)

Nonetheless, some threats to household food security in the rural areas are especially intractable. These include drought, floods, epidemic disease, banditry, military activities, and violent political change. In Angola, Mozambique, Ethiopia and Somalia war has disrupted rural production patterns, severely limiting household food security. Pastoralists—in Botswana, Kenya, Namibia, Somalia, Tanzania and Uganda—are heavily affected, as large herds of mixed animals are their primary or only defense to natural and man-made disaster. In countries with predictable bimodal or unimodal (e.g. Zambia) rainfall patterns, there may be sharp seasonal fluctuations in household food security as people suffer through a hungry period just before the annual harvest, when food stocks are low, food prices high, and work demands especially heavy (Ibid.: 24; World Bank 1990). Where growing populations have exceeded agricultural carrying capacity, as in some regions of Botswana, Burundi, Kenya, Madagascar, Rwanda and Tanzania, farmers may be forced to migrate "downslope" to marginal environments which are then overutilized, resulting in the long-term depletion of land resources through erosion and deforestation (Fleuret 1990: 22-23). Finally, even where highly productive land is available in abundance, inappropriate technologies, dilapidated infrastructure, misguided pricing policies, the lack of extension services and shortages and delays in critical inputs (seeds, fertilizers) frequently threaten or destroy household food security.

Structural adjustment policies, particularly

Figure 4.2
Daily per capita Calorie Intake (1987) (% requirements)



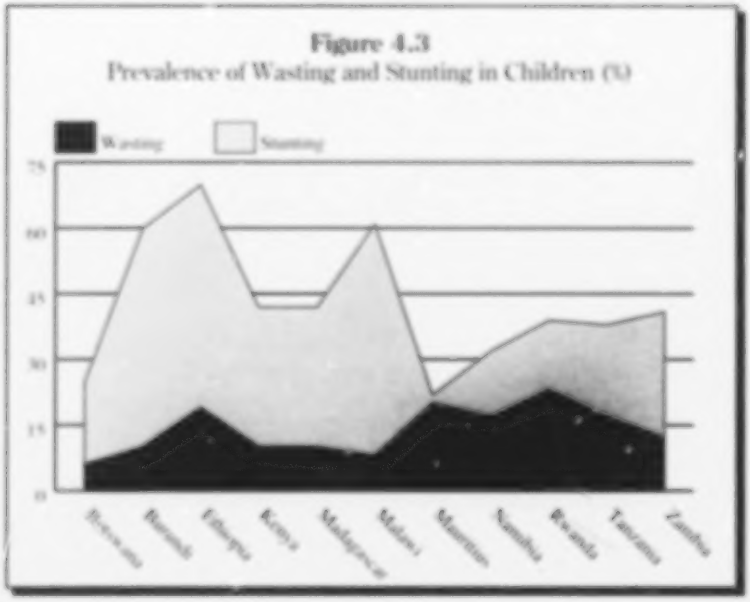
where they have included price increases for basic foodstuffs purchased by poor wage-earning households, have had a mixed impact on household food security in ESA. In Tanzania improved market efficiency has increased farm incomes and also increased urban household food security (Amani 1988) but in Malawi market liberalization has decreased the food security of small farmers who cannot escape prohibitive land constraints (Kaluwa 1988). In any case, it seems that stabilization and adjustment programmes have generally eroded the food security of poor wage-earning households. Low-income wage labourers in the urban areas—including public employees with static incomes in highly inflationary economies such as Mozambique, Tanzania and Uganda—have experienced rapid declines in real incomes over most of the 1980s, significantly reducing their ability to purchase adequate quantities of high protein foods. Within this group, labourers in the expanding tradeables sector may have been relatively sheltered from the negative impact of adjustment. By contrast, self-employed labourers in the informal sector, with little access to credit, training or technical assistance, have been especially vulnerable. As food consumption is positively correlated with income levels, the poorest are hit hardest, forced to shift from protein-rich foods to cheaper carbohydrates or to reduce the number of meals eaten. Severe cases resulted in urban-to-rural migration or reduced urban-to-rural remittances (with some reverse flows). To maintain the food security of poor wage labourers, structural adjustment should focus on maximizing their real incomes rather than on maximizing agricultural output.

It is worth noting that macroeconomic growth—the objective of structural adjustment—even when it is combined with aggressively redistributive government policies may not suffice to relieve household food insecurity. This is Botswana's experience. Although Botswana has put its export earnings (chiefly earned in the mining sector) to good use, offsetting income reduction in periods of drought with supplementary food distributions and income-generating public works programmes (Quinn 1988: 3-27), rural family incomes net of transfers from the state have not improved except in the few families which have gained formal employment or maintained substantial cattle herds (Morgan 1988: 6). That is, growth plus redistribution improve household food security only artificially; they do not lift human development to a permanently higher level. By contrast, Zimbabwe's emphasis on inward investment—strengthening communal farming initiatives and improving the delivery of services in the rural areas—may have created a broader and more robust household economy. But a shortage of the foreign exchange needed to purchase productive inputs (e.g. fertilizer), to sustain the manufacture of consumer products, and to improve crucial transportation and marketing systems threatens these gains as well.

UNICEF Initiatives

To implement the new nutrition strategy, UNICEF must support the "triple A" approach at local, sub-national and national levels, giving special attention to the resources utilized and required for food security. Nutrition strategists must strive to identify actions and interventions which are appropriate to the specific environment (powers, causes, resources). Where nutritional strategies have not been fully incorporated into primary health care services, this should be done: in particular the links between essential services such as immunization and the control of diarrhoeal diseases should be widely and visibly publicized to spread knowledge and encourage social mobilization focused on nutrition. Impact data should be collected and published systematically to enable continual reassessment of programmes. At the political level, UNICEF should increase its advocacy efforts aimed at formal and non-formal institutions, both at the national and the sub-national levels (e.g. through leadership training and training in programme design and evaluation), with special attention to the structural factors which affect the use and control of resources. It will also be necessary for UNICEF to identify strategic allies and to assess local institutional capacities in order to determine where the weaknesses lie and how to repair them. In the African context, it remains premature to expect governments to

Figure 4.3
Prevalence of Wasting and Stunting in Children (%)



undertake and sustain development efforts without external aid: hence donor-directed advocacy focused on nutrition will remain a priority matter.

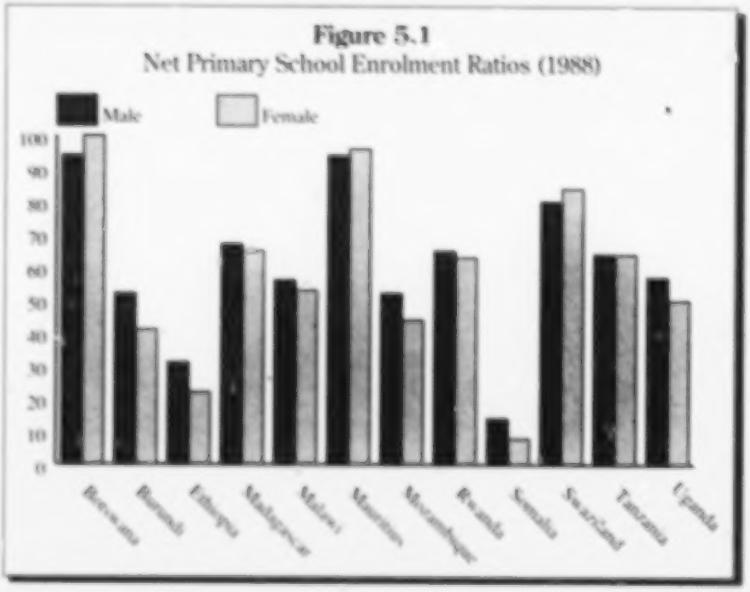
To enhance household food security, a number of specific strategies may be employed. Since women grow as much as 80% of the food grown in ESA, most of these strategies aim to improve the position of women farmers. First, smallholders should have access to agricultural credit and inputs, on a timely basis and in amounts both adequate and affordable (Fleuret 1990: 6). Second, women should have rights to land ownership or to secure use access, enabling them to enhance their own incomes in areas where individual farms are subsistence-based and male-dominated. Third, the maintenance of home gardens, which are typically undertaken by women both to increase food production and to raise their incomes, should be further encouraged. Fourth, agricultural extension services (directed specifically to women as well as men) should be used to encourage crop diversity, to improve the yields of "minor" crops and to expand the use and development of locally-adapted crop varieties (Ibid.: 7). Fifth, the availability of off-farm employment should be increased, particularly as traditional disaster response mechanisms (such as food and livestock exchange systems) break down, forcing people as part of their provisioning strategy to supplement food production and collection with wage employment. Sixth, the constraints on women's time occasioned by seasonal labour demands or by "enabling" tasks such as fuel and water collection should be reduced, particularly as development projects themselves frequently require women's participation. Seventh, supra-household institutions (e.g. schools, churches, local administrative structures) should be strengthened, as they may enhance social support, credit availability, infrastructure building, or labour mobilization.

5 Education

In the 1980s, UNICEF's efforts concentrated on child survival; in the 1990s, they will concentrate increasingly on child development.[1] Universal primary education will be a large part of this concentration. Education is a basic human need: through education, people acquire the knowledge and skills which they require to survive, to continue learning, to live dignified lives and to participate in their communities and their nations. Education is also instrumental to meeting other needs, such as shelter, health care, adequate nutrition and safe drinking water. Finally, education is—*par excellence*—a capacity-building activity which sustains and accelerates development: it empowers women; it improves income distribution; it prepares skilled workers to manage capital, technology, services and administration; it increases the productivity of the poor's primary asset, labour; and it enables people to understand and address major social issues (such as democratization, national unity and social cohesion) by spreading common mores, languages and ideologies. Capacity-building remains a major challenge in Africa as African development continues to rely on about 100,000 resident experts spending $6b a year. Yet sustainable development will not occur unless human institutional capacity "takes" in Africa. The newly industrialized countries of East Asia provide ample evidence of the high returns which accrue to sensible investments in education.

The World Conference on Education for All (Jomtien) has created a new global environment for basic education. The need for a new approach was critical after a decade which saw the share of donor aid allocated to education decline from 17% to 10%. Jomtien identified four key goals for education for the year 2000: (i) Universal access to and completion of primary education. (ii) Reduction of the adult illiteracy rate by one-half of 1990 levels, emphasizing female literacy sufficiently to effect a significant reduction in disparity. (iii) A significant expansion of early childhood development activities, emphasizing appropriate low-cost family- and community-based interventions in resource-poor countries. (iv) Exploitation of all avaliable instruments of information, communication and social action—the so-called "third channel"—to help individuals and families to acquire the minimum basic learning which is necessary for better living (UNICEF 1990c: 153).

Figure 5.1
Net Primary School Enrolment Ratios (1988)



In addition to these major goals, several other thrusts give form to the new vision in education. A major objective is the reduction of disparities, especially those affecting girls and women, but also those affecting children and adults who are marginalized (e.g. nomads, minorities, disabled persons, displaced persons, street children and working children). With educational achievements apparently deteriorating across Africa, there is also a new focus on *learning*: by establishing minimum levels of learning achievement and measuring student learning on a continual basis, it will be possible to assess the impact of expanded opportunities in basic education. In addition, the new vision incorporates a desire to broaden the means and scope of basic education. Since universal access to quality primary schools is not feasible in the

Table 5.1
Adult Literacy Rates (15 years and older) (1990 estimated)

Country	Male	Female
Angola	56	28
Botswana	84	65
Burundi	61	40
Kenya	80	58
Madagascar	89	73
Mozambique	45	21
Rwanda	64	37
Somalia	36	14
Uganda	62	35
Zambia	81	65
Zimbabwe	74	60

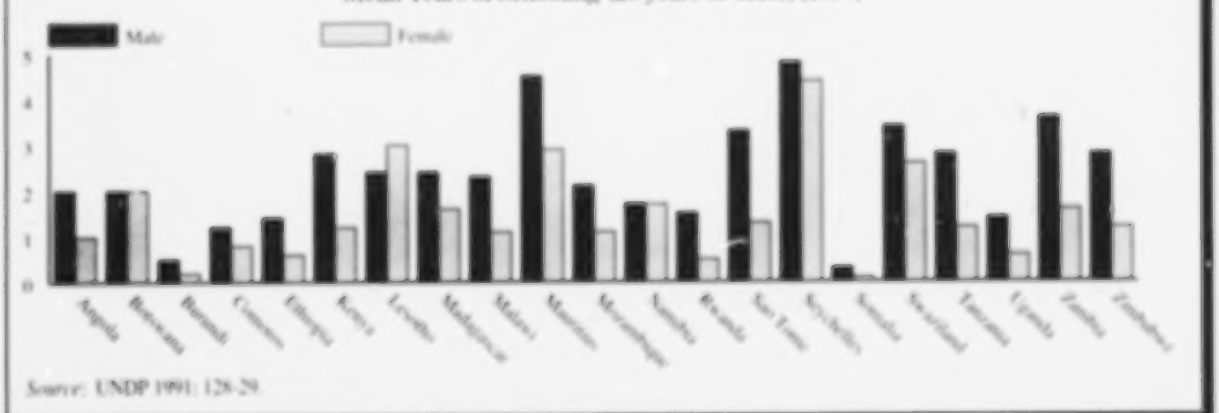
foreseeable future in ESA, various flexible, complementary and alternative delivery systems for primary education will need to be developed. Finally there must be renewed efforts to enhance the environment for learning: in particular, there must be desks and seats, chalkboards, textbooks, pencils and exercise books as well as dynamic teachers' support programmes to make teachers—the critical link in primary education—as effective as possible. Making the new vision a reality in ESA—an ambitious but not an impossible goal—will require greater efficiency, improved training and motivation, widespread commitment to education for all and widespread participation in the design and implementation of basic education programmes.

Basic Education

ESA countries inherited from non-indigenous sources a variety of educational systems which may have met the colonialists' needs but which have been largely inappropriate for post-independence development. This external model is often irrelevant to the actual needs, interests and problems of today's participants in the learning process: it serves at most a thin veneer of Africa's population. Partly for this reason, Jomtien has shifted the focus to basic education and altered our understanding of it. On the new view, basic education forms the learning foundation for **all** citizens, imparting to learners not only the essential learning tools of literacy, numeracy and scientific outlook which are traditionally emphasized but also, with equal emphasis, the skills and knowledge (e.g., about child care, nutrition, food security, basic health and hygiene, environmental protection, conflict resolution, tolerance of (cultural and religious) diversity) which are immediately relevant to their particular needs, interests and problems. Inculcating a minimum common level of basic learning should enable learners to survive; to continue learning; to live in dignity raising their families, earning their livings and managing their households; as well as to participate in their communities and their governments.

What constitutes this core curriculum will vary from one country—and even from one culture—to the next since a relevant and integrated core curriculum must be community-based and community-oriented, focusing on living and on solving problems in a particular context which is made concrete in the learning process. The articulated package of minimum skills and knowledge should be dynamic, reflecting regional and ethnic differences (where possible) and changing over time as the needs of the nation change. For some ESA countries (e.g. Ethiopia), defining the core curriculum will require a sensitive accommodation of conflicting language and value systems existing within the same polity. The language problem is

Figure 5.2
Mean Years of Schooling (25 years or older) (1980)



Source: UNDP 1991: 128-29

highly political and, at some point (e.g. in providing higher education or government services), it requires a political solution. At the same time, young children should be educated in their native language, both to ensure that learning takes place and that the learning process reflects the histories and the thought processes of the children's communities (UNICEF 1998c: 171).

Basic education, where it is imparted to children through primary education or to adults through literacy classes and continuing non-formal education, of course does not establish the upper limit of the education for all initiative. At the minimum, basic education is meant to ensure that all people possess the learning tools which are necessary to give them a fair start in life. Basic education must be relevant to the local and immediate environment, but it need not to preclude relevance in the longer term to a changing environment. At the same time, what constitutes the learning minimum will be raised incrementally as learning spreads and as budgetary constraints are eased. Finally, for many individuals, the learning minimum will serve as a foundation for continued and self-sustained learning at higher levels (UNICEF 1998c: 155).

Primary Education

As Universal Child Immunization was the focal goal for health in the 1990s, attracting a critical mass of interest and resources and spawning achievements in the set of goals clustered around it, so primary education will be the "cutting edge" in the education for all initiative (UNICEF 1998c: 155). This is because primary education is the chief means to meeting the learning needs of children in their formative years; it provides a foundation for further life-long learning; it offers the best long-term strategy for eliminating illiteracy; and, insofar as it fails or succeeds, it determines whether youths and adults will proceed to higher education and employment or else to alternative, equivalent programmes in literacy, technical or managerial training. It has been clearly demonstrated that a completed primary education has a positive effect on poverty alleviation and economic and social development. In brief, a country cannot have a strong educational system or a well-managed economy if its primary education is weak.

A divisive issue in African primary education concerns the trade-off between access and quality. This trade-off appears to be unavoidable at least in the short-term, while extreme resource scarcities continue to determine the limits of possibility. A refusal to choose between quality and access means, in effect, that the quality of education will continue to decline as school systems with fixed operating budgets continue to enroll greater numbers of students. Greater numbers of students will achieve lesser levels of

Table 5.2
Government Expenditure on Education (1987)

Country	% of Total Expenditure			% of Education Expenditure		
	Defense	Health	Education	Primary	Secondary	Tertiary
Angola	34	6	15	—	—	—
Burundi	16	4	16	—	—	—
Ethiopia	30	5	15	53	28	13
Kenya	8	5	19	62	17	13
Madagascar	10	5	17	—	—	—
Malawi	7	7	11	47	13	21
Mozambique	35	5	10	—	—	—
Somalia	12	1	1	—	—	—
Tanzania	16	6	8	59	23	14
Uganda	26	2	15	20	61	13
Zimbabwe	14	6	20	56	29	9

Table 5.3
Repeaters by Grade (%)

Country	Year	1		2		3		4		5		6	
		T	F	T	F	T	F	T	F	T	F	T	F
Burundi	1984	12	12	13	13	10	10	16	17	22	24	27	30
Ethiopia	1981	17	19	11	13	9	10	8	10	8	10	9	12
Kenya	1981	15	14	13	12	11	11	12	13	13	13	15	16
Malawi	1984	17	17	16	16	13	13	9	10	4	4	11	12
Mozambique	1985	24	24	24	25	22	23	23	25				
Rwanda	1985	18	18	13	12	12	11	11	10	9	8	8	8
Tanzania	1982	3	3	3	3	3	2	0	0	0	0	0	0
Uganda	1982	11	11	10	10	11	11	10	11	11	11	14	14
Zambia	1981	0	0	0	0	0	0	2	2	1	1	1	1
Zimbabwe	1984	1	1	1	1	1	1	1	0	0	0	0	0

T Total F Female

Source: UNESCO Statistical Yearbook 1987.

Table 5.4
Primary-Secondary Progression Rates in Kenya (1980-1986)

Year	Students Completing Primary Level	Students Entering Secondary Level	Progression Rate (%)
1980	351,407	112,405	39.9
1981	328,498	123,460	35.1
1982	371,525	129,602	39.5
1983	385,300	139,614	37.6
1984	452,983	150,475	39.1
1985	360,100	—	—
1986	—	163,256	45.3

Source: Kenya Ministry of Education

learning. Although political realities will not permit educators to ignore access altogether, it seems clear that the short-term emphasis in Africa must be on improving quality, for only high quality education will be useful education. Low quality, by reinforcing negative perceptions about the usefulness of education, reinforces low demand and low motivation of children and parents, particularly among disadvantaged groups.

Of course, improving quality will require significant expenditures beyond merely building classrooms and training teachers. Schools will need to have a minimum package of essential teaching and learning tools (e.g. seats and desks, blackboards and chalk, textbooks for students and teachers, exercise books and pencils, etc.). At the same time, it will be necessary to restore teachers' morale and motivation (e.g. by providing housing, in-service training, programmed materials and interactive radio instruction). There must be an effective, experiential interaction between teachers and students in the the school setting, even if it is only for three or four hours each day. Learning must be active and participatory, with students learning from their teachers and from one another.

Early childhood development, because it links naturally with primary education, will be an area of special concern to UNICEF. Language skills, intelligence, personality and social behaviour are largely determined by the age of four or five. At the same time, good health and nutrition and creative stimulation during childhood are key determinants of school progress, social responsiveness and economic productivity (UNICEF 1990c: 162). Early childhood development programmes addressing this critical period before primary education will help to make primary education more effective, improving mobilization, lessening disparities among children, reducing drop-out and repetition rates and therefore also reducing "streetism" and delinquency. In resource-poor ESA countries, such programmes will need to rely heavily on cost-effective community-based interventions, using donated labour, locally available materials and facilities and parents and para-professionals rather than full professionals. Such programmes should also be intersectoral concerns, involving not only the ministry of education but also other ministries in other social sectors. (Disadvantaged children, in particular, may need school breakfasts or lunches, micronutrient supplementation, parasite treatment and visual and auditory screening.) In fact, early childhood development programmes can be harmonious additions to existing health and nutrition activities in integrated programmes (Ibid.: 165).

Table 5.5
Dropout Rate in Ovambo Primary Schools, Namibia

Year	Standard	Number of Students	% of Sub A Cohort
1983	Sub A	43,663	100.0
1984	Sub B	27,672	61.1
1985	Std 1	24,165	55.3
1986	Std 2	23,479	53.8
1987	Std 3	19,274	44.2
1988	Std 4	18,321	41.1

Source: UNICEF Namibia 1991.

Programme Delivery

With their present lack of resources and (in many instances) lack of relevance, primary schools will not be able to provide education for all in the African setting. Target populations will not have access to the schools or they will reject them as irrelevant. Hence, to meet the Jomtien goals of universal access and universal achievement in primary education, non-formal multi-channeled delivery systems which combine flexibility and improvisation will be necessary to address the learning needs of children. Fortunately, primary education is not the exclusive province of the formal primary school system (the first channel)—alternative delivery systems are also possible and many successful examples exist. Such delivery systems include non-formal but organized schooling (the second channel) as well as any other communicative source which has the potential for educational impact (the third channel).

Formal Education: Formal education makes use of the hierarchically structured and chronologically graded educational system which is commonplace in the developed world. For most of today's children in low income countries, primary education is the only formal education which they can

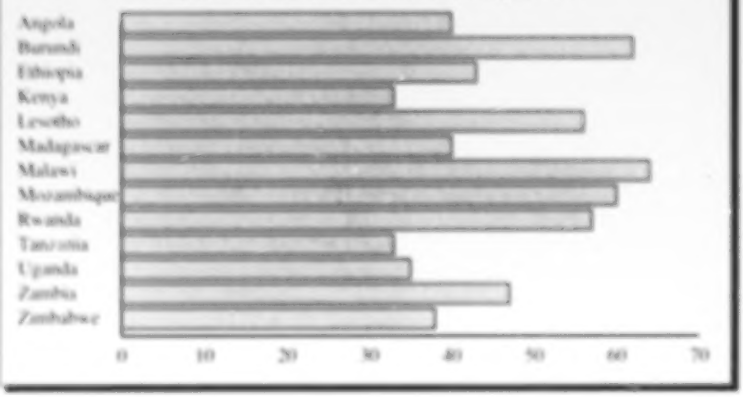
hope to achieve. Happily, the technology for constructing and running an efficient and effective primary school is widely known and available. Unhappily, formal education will not be universally available or universally accepted in Africa in the foreseeable future. There are many reasons for this pessimistic prognosis, including inaccessibility, household poverty, gender discrimination (creating disincentives for female education), demands for child labour (e.g for grazing, petty trade, child-rearing, water and firewood collection), socio-political disadvantage stemming from (e.g.) marginal language groupings or nomadic lifestyles and negative perceptions of the usefulness of literacy (e.g. for providing employment after training). Hence non-formal and informal delivery systems will become necessary.

Non-Formal Education: Non-formal education attempts to catch those children who miss the formal system. It has some structure, but unlike formal education, it is quite flexible, with its curriculum and its teaching methods oriented to the needs, interests and problems of the learners. Non-formal education may cover the same subjects as formal schooling or it may cater to specialist interests (e.g. in health, nutrition, economic activity or self-government) of particular sub-groups (e.g. farmers, craftsman, entrepreneurs).

The most highly prized virtue of non-formal education is its flexibility. Non-formal education will admit students of all ages and provide instruction at unusual times and in unusual (but convenient) places, employing creative teaching methodologies and evaluative exercises (e.g. both routinely and on request). It can also create a curriculum which is tailored to the needs of the learners, thereby ensuring relevancy to their lives. Hence, non-formal education can be targeted on precisely those people who are most likely to miss the formal education system: school drop-outs, adults (especially women), street children, working children and other disadvantaged groups. At the same time, by using local resources and local teaching abilities (e.g. from teachers, volunteers and government officials), non-formal education generally involves lower unit costs.

To exploit fully the potential for non-formal education, it will be necessary to train primary school teachers and other resource people in the community in a different approach to teaching. The community, which is the natural setting for non-formal education, may need improvements such as libraries, resource centres and electrification (e.g. with bio-gas or solar energy). To impart a sense of ownership and ensure high levels of participation, the curriculum and supporting

Figure 5.3
Pupil/Teacher Ratio at the Primary Level



educational materials must be developed with the community's participation and must reflect their priorities and interests (even if this implies a high degree of non-standardization). The non-formal educational system must maintain an action-oriented and intersectoral approach to preserve its strength and attractiveness, but at the same time, it should facilitate entry into formal education — which is not its competitor but its complement — for those learners who have the ability and the inclination. (Bangladesh; Colombia)

Informal Education (The Third Channel): The "third channel" refers to all possible instruments for communicating knowledge and information which will help people to live fuller and healthier lives. What people learn through their daily experiences and interactions with their social and economic environments is learned through the third channel. For the pre-schooler, learning from his mother's activities, it is experientially the first means to learning. For the adult, attending her church or mosque, imitating a role-model, visiting a library, reading a newspaper or listening to the radio, joining a self-help group

Figure 5.4
Children Completing Primary Level (% of First Grade)

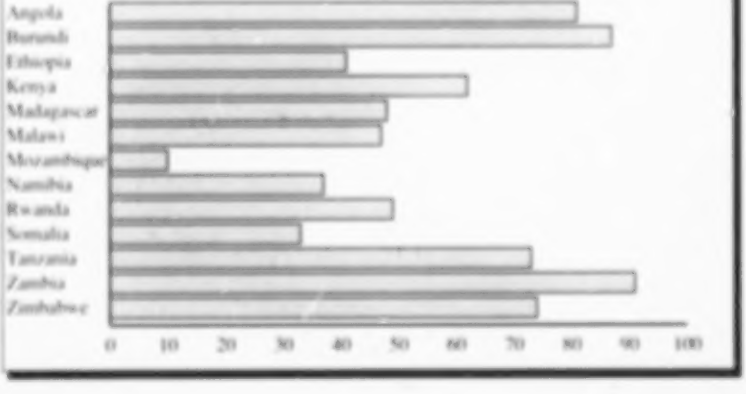


Table 5.6
The Media in Eastern and Southern Africa (1988)

	Newspapers*	Radios+	Televisions+
Angola	—	50	6
Burundi	4	56	—
Ethiopia	1	193	2
Kenya	—	91	6
Madagascar	6	196	9
Malawi	3	242	—
Mozambique	5	39	1
Namibia	10	125	11
Rwanda	—	57	—
Somalia	—	40	—
Tanzania	7	20	1
Uganda	—	99	6
Zambia	11	74	15
Zimbabwe	26	85	22

* Circulation per 1,000 people
+ Per 1,000 people

or a service club, or taking part in a cultural tradition (whether it be song, dance or drama), it may be the most important—and often the only—source of life-long education.

The third channel has several advantages over formal and non-formal education. In harnessing the immense power of the radio and the newspaper and other mass media, informal education can be more cost-effective and it can have a more extensive outreach, continuing at all times and in all places to contact people of all ages. It is more likely to reach those groups which will be marginalized by the first two channels (especially women and children in especially difficult circumstances). Although it is often passive, it can be made active through imaginative and intelligent programming. Moreover, the third channel can be used both to impart educational material directly and to mobilize people to participate in primary education.

Universal access to primary education is a meaningful goal only if it includes universal achievement

While education through the third channel is already a common phenomenon, more can be done to exploit the third channel to its full potential. This includes both identifying community needs and interests and alerting media employees (e.g. print and radio journalists) to their educational role. Essential information must be identified and packaged for promulgation through the third channel in a manner which is both instructive and entertaining. In many instances, this will require additional training and instruction for persons working within the third channel.

Table 5.7
Public Current Expenditure per student in sub-Saharan Africa (U.S.$)

Year	Primary Level	Secondary Level	Tertiary Level
1970	27	195	1705
1975	49	251	2469
1980	70	296	3521
1987	54	195	2043

Source: UNESCO 1990: 25.

Learning Achievement

The Jomtien education goals for the year 2000 include universal access to primary education as well as significant increases in adult literacy and numeracy rates. Universal access to primary education is a meaningful goal only if it includes universal achievement: that is, only if a large majority (e.g. 80%) of children by the age of 11 or 12 achieve a basic level of literacy, numeracy and life skills (UNICEF 1990c: 156). Jomtien seeks not only increased access, but also relevancy, higher quality, improved efficiency and raised achievement. Hence if we are to monitor our progress towards achieving the Jomtien goals, we need indicators which measure what children (and adults) are actually **learning**. This requires continued assessment of the performance of learners (against their peers) and of educational systems and institutions (against an objective norm). For Jomtien, the second sort of assessment is critical. Moreover, if we can measure learning, then we can also assess different learning settings for their effectiveness and efficiency in the African context. Particularly in this period of tremendous fiscal constraint, education spending must become more efficient. Unfortunately, our customary educational indicators (e.g. enrolment rates, completion rates, pupil to teacher ratios, norm-referenced National Examinations) are inadequate proxies for these purposes, because they tell us very little about students' actual achievements. There is an urgent need to overcome this obstacle.

Although learning achievement will not be measured accurately in ESA for some time, there are many easily collected indicators at least for formal education which can provide a crude picture of learning achievement in the short-term. For measuring access, these include net enrolment, attendance and completion rates for grade one as well as the number of the grade one cohort entering and completing the final year of the primary cycle and, finally, literacy and numeracy results at the end of cycle (assessed by means of school surveys or household surveys). For measuring quality, readily available indicators include repetition rates by year, dropout rates by year, the number of textbooks per subject per class

and the number of exercise books per pupil. It will be useful, for assessing efficiency, to record unit costs per student as well as gross and net enrolment rates and the average number of years taken to complete the primary cycle. Finally, achievements in formal education can be assessed, again crudely, by recording the number of students who complete the primary cycle and who pass the national section of the primary cycle exam. Wherever possible, data should of course be disaggregated to reveal (*inter alia*) male/female and rural/urban disparities.

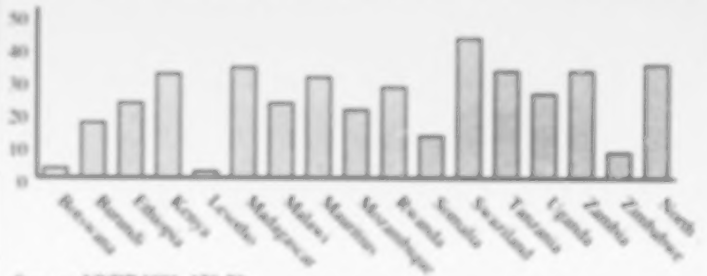
The flexibility of non-formal education, which is its strength, also makes it relatively intractable to measurement. Nonetheless, besides recording participation rates, it should be possible to measure the minimum learning achievement which will form the common core of all formal and non-formal education in a particular context. Participation and learning indicators which are crude, bet easy to collect, include literacy and numeracy rates (both for children and for adults over 15), the number of literacy classes, the number of students enrolled in literacy classes, the number of students completing these classes and, finally, the unit costs per student.

Jomtien's core sponsors are developing new education indicators in a variety of areas with a view to complete revision. Indicators on participation in literacy training and in non-formal education are in the province of UNDP while UNESCO, UNICEF and the World Bank are developing technical support packages to help countries (e.g.) with sampling community needs and interests, designing examinations and devising assessment systems. Attempts to measure learning achievement with easily collected statistical indicators which will be comparable across countries are on-going but far from completion: while reading comprehension and mathematical and scientific ability may be relatively tractable to evaluation, it will remain difficult to assess students' command of essential life skills, as these will vary from region to region. Nonetheless, a thorough revision of all statistical education indicators should become available in the education decade.

UNICEF Initiatives

With its limited funds, UNICEF must exploit its comparative advantage within the Jomtien alliance to make a critical difference in education in ESA. With its institutional strength and its large field presence, UNICEF will probably have the greatest impact as a catalyst. Although emphases will vary from country to country, UNICEF priorities in the education for all initiative include (i) early childhood development, (ii) primary education (the cutting edge), (iii) non-formal education (particularly as the mother educates her child), (iv) meeting the learning needs of girls and women, (v) measuring learning achievement, (vi) capacity building and (vii) exploiting the third channel.

Figure 5.5
Science Graduates as a Percentage of Total Graduates (1986-88)



Source: UNDP 1991: 128-29.

To be effective, UNICEF will need to enhance its credibility in the education field. This will require, in the end, completing a critically-important education project effectively, efficiently, and in a timely fashion. Advertising this success will help to attract financial assistance and win political commitment which will be crucial to long-term success. For this purpose, UNICEF with its government partners must complete rigorous country-specific situation analyses from which programme responses will flow logically. The analytical work must be fresh, specific and innovative rather than dated, general and derivative (as it often has been). Conventional **and** unconventional data (e.g. from sample surveys) should be gathered with a view to eradicating discrepancies and other misinformation.

It is also necessary to understand how the various components of a country's education system interrelate and constitute a fully integrated unit. A thorough sector assessment will permit sectoral programming which connects donors (e.g. the World Bank, the EC and the bilaterals) with projects congenial to

Table 5.8
Scientists and Technicians
(1980-88)

Country	(per 1,000 people)
Botswana	1.2
Kenya	2.5
Mauritius	24.3
Rwanda	0.2
Zambia	4.4
Industrial Countries	139.3

Source: UNDP 1991: 128-29.

Table 5.9
Pass Rates in Kenya's Secondary Schools 1983 (%)

Type of School	Enrolment	Pass				Fail
		Div.1	Div.2	Div.3	Div.4	
Govt maintained	48,001	8.0	22.4	33.4	25.5	10.7
Govt assisted	13,565	1.9	11.0	25.7	32.4	29.2
Unaided (Harambee)	40,133	1.2	7.1	22.8	34.2	34.7
Private candidates	6,510	0.1	8.0	8.3	47.5	43.3

Source: Kenya Ministry of Education

their interests and which will advance a whole sub-sector instead of merely one discrete portion of it. In addition, gaps in the education alliance may be made clear, giving UNICEF opportunities to channel its limited resources to projects which will have maximum effect. If we fail to understand the education cultures in ESA or if we fail to capture them fully, education programmes addressing mis-conceived priorities will have no real impact in Africa.

Education for all will also require an extensive mobilization of resources. Within UNICEF, education spending is projected to rise from 8-9% of total spending at present to 15% by 1995 and to 25% by 2000. To ensure that students do not lack textbooks, exercise books, and other materials needed to support the expansion and quality improvements required to achieve basic education, UNICEF estimates that the international community will need to pledge about $5 per pupil over this decade (UNICEF 1990c: 159). At the same time, reforms within ESA countries may help to improve access to education. Marginal expenses (for uniforms, books, materials) which often make formal education too costly for the poor can be eliminated or subsidized. Reducing repetition rates and making class sizes more efficient can help to achieve greater cost-effectiveness within the present school structure. Finally, government spending can be rationalized to favour primary education (with its relatively low costs and high social returns) over secondary or tertiary education (e.g. especially in Uganda).

Table 5.10
Public Recurrent Expenditure for Education in Zambia (%)

	1970	1975	1980	1985	1986
PRIMARY SCHOOLS					
Personal Emoluments	78.0	84.3	92.2	95.6	96.5
Teaching Materials	22.0	9.8	2.8	1.7	.0
General Expenses	.0	5.8	5.0	2.6	3.5
SECONDARY SCHOOLS					
Personal Emoluments	55.5	64.3	64.8	51.0	57.0
Teaching Materials	.0	5.4	4.6	8.8	.0
Boarding Costs	44.5	22.4	22.5	35.1	37.8
General Expenses	.0	7.9	8.2	5.0	5.2

Source: Kelly 1987

UNICEF will also need to renew and strengthen its partnerships with governments, NGOs, communities, the media and the private sector. A country-level EFA Task Force may be appropriate (as in Zambia). Since the emphasis on learning requires equal emphasis on enabling children to learn, education for all in Africa demands a multisectoral partnership supporting programmes which will improve children's health and nutrition as well as children's educational opportunities. UNICEF must make special efforts must to maintain strong ties with the Jomtien core sponsors UNESCO, UNDP and the World Bank. Since the Bank is projected to double its lending to education to $1.5b per annum by 1993 (with about $420m alloted for basic education), it will be a very significant partner.

Finally, UNICEF should help to promote community involvement in efforts to improve the quality and relevance of primary education (e.g. by encouraging the community to manage and monitor performance in its schools, to identify subjects and teaching methods which reflect community priorities and motivate school attendance, and to support teachers (e.g. with housing, land and (student) labour)). Integrating gender awareness as well as health and environment issues into the new curricula are obvious UNICEF concerns. In addition, UNICEF can help to produce low cost instructional materials for pupils and teachers; to rationalize the procurement of school supplies; and to provide in-service training for teachers, tutors and headmasters (focusing especially on the latter as the key managers and supervisors in primary schooling).

6 Women's Development

While African men can confine themselves to being producers, African women are not only producers but also home managers, child bearers, child rearers, and caregivers for the elderly. African women perform the bulk of the continent's work but receive perhaps one tenth of its income and have title to perhaps one one-hundredth of its property (Chinery-Hesse 1990: 3). They till land which they do not own, fetch water which they do not drink and produce children whose lives they do not direct. With African economies continuing to deteriorate in the 1990s, women will assume a disproportionate share of the burden of adjustment. As the primary providers in African households, they will struggle to find the means for family survival as the gap between incomes and prices widens. Forced to enter the workforce, women will have less time to spend on health- and nutrition-related activities—precisely as deteriorating government services leave households to rely more and more on their own care-giving capacities. Cutbacks in education, reductions in food subsidies, suspensions of child care and health care services will affect women first and most heavily: they must provide substitutes for discontinued services, stretch their meagre resources (or do without) to compensate for price increases, or abandon the education which is a prerequisite for self-empowerment. As Africa sputters through the 1990s, its women will struggle hardest to do more with less: Africa's women have been and continue to be the invisible agents of structural adjustment, doing with less so that others may have more and working harder so that others may profit. Economic planners cannot continue to ignore the needs and concerns of these silent sufferers.

While anecdotal evidence points to widespread and deeply entrenched gender disparities in Africa, little effort has been made to measure these disparities with gender-disaggregated data on critical social and economic indicators (e.g. wages, unemployment and underemployment, access to services, literacy, numeracy and educational achievement (not to mention morbidity, mortality and nutrition)). Disparities seem to be especially pronounced in Muslim communities, where women are almost completely shut out of the formal economy and legally remain minors for their entire lives, with their status based solely on marriage and motherhood. But gender discrimination is a common feature of almost all African (and non-African) cultures. Because girls are valued less, they receive less health care and less education. As women, their employment opportunities are severely constricted and their work, whatever it may be, is systematically undervalued. With men usurping control of the family, the community and society at large, there is little prospect for women's empowerment. Furthermore, if girl children have low nutritional status and low educational achievements, if they lack basic skills such as literacy and numeracy, if as mothers they are underpaid and overworked even when they find a decent job, if in addition they are expected to absorb economic hardships in the place of their more privileged brothers and husbands, it is plain that they will have less ability (and perhaps less desire) to exploit their limited opportunities.

Before policies are gender-sensitive, it will be necessary for gender-disaggregated data to be collected systematically and recorded clearly and accurately. Although this can easily and routinely be done, it has not been done for most sectors, with education the only prominent exception. Yet, collecting such data is especially critical while Africa's period of austerity continues, for recent gains on gender issues will erode rapidly as national and household economies decline unless special efforts are made to sustain women's incomes and to maintain and expand their access to basic services such as health care and education. This will require unprecedented commitment and cooperation from NGOs and international agencies, backed up with aggressive redistributive government interventions (e.g. to maintain prices of fuel and staple foods at levels which low income families can afford (even if subsidies are necessary) and to protect nutrition and school

African women are often merely the agents of development, but they should be beneficiaries as well

feeding programmes from cut-backs).

Women's Development

The conventional focus on women *in* development unfortunately suggests that women are merely *agents* in the development process rather than beneficiaries as well. As a consequence, perhaps, development planners often treat the African woman as a variable in the development process, leaving her to absorb an increasing number of tasks in their various projects, whatever goal these projects may have (e.g. creating economic growth, extending basic services, improving household food security). For instance, the introduction of labour-intensive high-yield hybrid crops, intended to improve agricultural yields, assumes implicitly that more labour can be squeezed out of the African woman, who provides as much as 80% of the continent's farm labour. Because women's work does not carry a price tag—our conceptual categories being too crude accurately or adequately to reflect women's contributions to the household or the larger economy—ordinary development planning does not cost out the the additional burdens which development presses onto Africa's women. Moreover, even though women are at the centre of production in Africa, they and the issues which concern them are at the periphery in development planning and execution.

The low ratio of women to men in sub-Saharan Africa shows that many women suffer from inequality and neglect

This blinkered view of women's development must be corrected. Development planners must focus on women, not merely as agents working to benefit others, but also as participants and beneficiaries themselves. Women's issues need to be integrated into development, not treated as marginal additions, and women themselves need to be brought into development planning and implementation as full partners, not only because partnership will be necessary to sustain development projects but also because women deserve partnership in their own right. In brief, we must shift our focus from women *in* development to women's development.

Women as Individuals

UNICEF-assisted programmes of cooperation which treat women as individuals traditionally focus on women's health, nutrition, education (especially adult literacy), income-generating strategies and work-reducing technologies. The bulk of these programmes are aimed mediately at improving skills, reducing workloads or enhancing access to resources and ultimately at increasing production and establishing food and income security. Also desirable are programmes promoting women's empowerment and self-employment and programmes supporting social and technical infrastructures which directly benefit women (e.g. women's health centres and management training centres).

Table 6.1
Ratio of Women to Men

Europe and North America	1.05
Sub-Saharan Africa	1.02
South-east and East Asia	1.01
South and West Asia	0.94

Source: Sen 1990.

Health and Nutrition. With maternal mortality rates remaining at unacceptably high levels, improved maternal health care remains a priority. But health and well-being are also important matters for girls between 5-15 and for women over 45. Reflecting this fact, development programmes should address the health needs of women as individuals, not merely as mothers and care-givers. Women should have better access to health services which are at present frequently biased to favour male admissions (UNICEF 1990d: 14). While the ratio of women to men in Europe and North America—where women suffer little discrimination in health care or nutrition—is about 1.05/1, in sub-Saharan Africa it is 1.02/1, indicating an excess mortality from inequality and neglect of about 3.2 million women in ESA alone (Sen 1990: 61). In combatting this deadly and invidious discrimination, renewed efforts must be made to involve women in health planning, to eradicate discriminatory practices followed by health practitioners and to increase the number of female health practitioners at all levels. In particular, UNICEF must be sensitive to the gender dimensions of the Bamako Initiative, which will realign health clinic management and utilization patterns in many ESA districts. Women should also be educated about their own health and nutrition requirements (not merely their children's), with emphases on family planning and sexually transmitted diseases (especially AIDS). This will help to reduce the high rate of teenage pregnancies—which interfere with women's education as well as threaten women's health. Where child health programmes involve women's participation, they should be sensitive to women's workloads (e.g. preserving work schedules and minimizing additional work as much as possible). Traditional health practices should be examined for their negative effects on women (if any), with appropriate responses framed to remove these (UNICEF 1989d).

In the area of nutrition, efforts must be made to ensure that households share food

proportionally. When households are unable to provide sufficient food for all of their members, women frequently take less (or less nutritious foods) for themselves so that others (usually males and income-earning adults) may have more. Even when a household *has* food security, socially-rooted prejudices may skew the distribution of consumption to favour males over females. (Household food security does not guarantee that all household members will obtain good nutrition any more than national food security guarantees that all households within the nation will be food secure). Girls and women should receive their proportionate share of food as a matter of course: when girls and women are the primary producers in the household, adequate nutrition is especially critical.

Education: In the area of education, almost uniquely, data are systematically collected on a gender-disaggregated basis. These data show that female enrolment is typically a lesser fraction of male enrolment. This disparity of course persists at the secondary and tertiary levels. It is likely that the factors resulting in disproportionately low female enrolments also result in lower female completion rates and accelerated deteriorations in female enrolment and completion rates where these rates are deteriorating generally (e.g. Somalia). Since primary education is the minimum requirement for improving female status and productivity, expanding educational opportunities for girls and women must be a priority. Hence extraordinary efforts must be made to equalize enrolment, attendence, performance and completion rates for boys and girls at all school levels (with special emphases on girls from poor or rural or Muslim families and on teenage girls who have become pregnant). At the same time, gender biases must be eradicated from the the school structure (e.g. more female teachers, professors and administrators) as well as from the school curriculum (e.g. sensitizing teachers to gender issues, removing gender biases from teaching materials, opening technical training to girls). Finally, to monitor progress in this important area, gender-disaggregated databases should be developed for all important education indicators (including enrolment, performance and completion rates) both for formal and informal education.

Income-Generating Strategies: Vocational training in Africa tends to focus on men, leaving women in traditional occupations (e.g. sewing, weaving, leather-craft, machine-knitting, brick-making, beekeeping, livestock farming) and therefore with fewer employment opportunities even when they are heads of households or principal income-earners. Besides opening up vocational training to female students, all women should have the opportunity to attend literacy courses and to receive training in technical and managerial skills (e.g. bookkeeping, animation, project identification and preparation)—as in Swaziland, Tanzania and Zimbabwe—which can be readily translated to any cooperative or productive enterprise. Emphasizing micro-level employment opportunities for women and neglecting appropriate management training may inadvertantly reinforce women's marginalization from the larger economy. There is no reason to suppose that women are less able than men to work in higher level positions or to manage larger enterprises and some reason to suppose that they may be *more* able. Women must be liberated from

Figure 6.1
Gross Enrolment Ratios (1987)

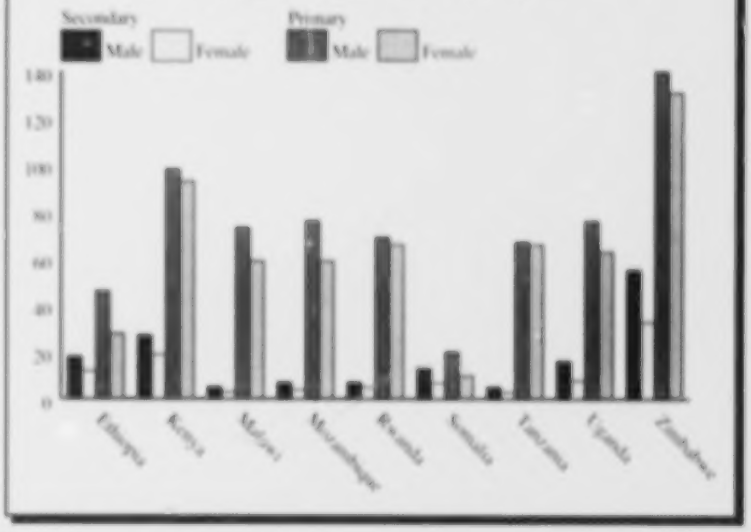
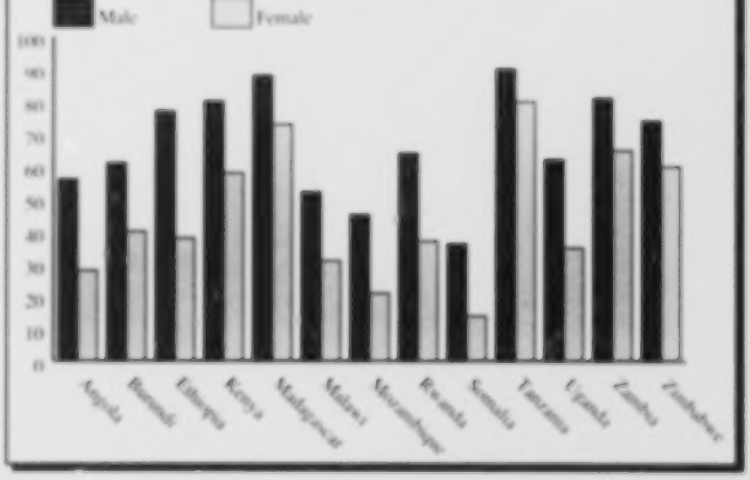


Figure 6.2
Estimated Adult Literacy Rates (1990)



their virtual imprisonment in traditional and subsistence production, where they are outside the larger economy, where their work is easily undervalued and where their incomes are more vulnerable to changing economic trends.

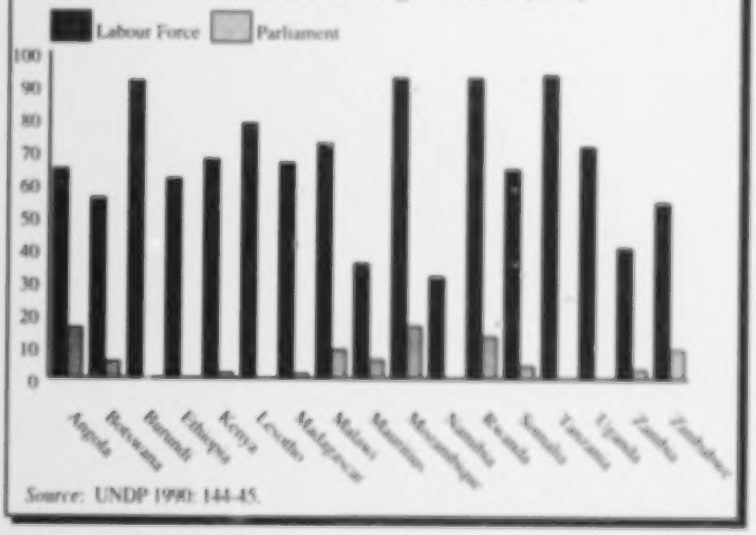
Work-Reducing Technologies: In the midst of austerity measures, the need to maintain and extend access to drinkable water and adequate sanitation and to ensure sufficient supplies of basic drugs at affordable prices remains a priority. Water and sanitation projects, besides providing communities with health-improving services, typically reduce women's workloads considerably (as the water source becomes less distant and food preparation less cumbersome). To exploit this work-reducing potential fully, the women affected should choose the source to be developed as well as the maintenance and management structures. At the same time, sanitation projects should include a household sanitation component, to assist in food preparation and (more generally) to improve the living environment. Women should be assisted in improving technologies (e.g. pumps, latrines, water-carrying devices, rain catchment systems) for local use. Finally, the social and cultural impact of improvements in water and sanitation systems should be monitored (with emphasis on changes in distribution of household labour when the labour-saving devices are in place) and appropriate responses developed where the impact is detrimental to women's interests (UNICEF 1989d: 40-41).

Women as Workers and Producers

For women, the permissible range of economic activities remains sharply circumscribed, with few opportunities for employment in the formal sector, frequent government harrassment and relatively low economic returns. The impediments to women's employment are numerous. Women are overburdened with multiple roles (mother, home manager, cultivator, wage labourer) and lack access to services (e.g. child care) or facilities (e.g. labour-saving devices) which might reduce this burden. As a consequence, working women frequently experience conflicts between family and business demands. Women also typically lack skills (e.g. literacy) and training (e.g. in bookkeeping or in management) as well as access to basic support services (e.g. banking). They are poorly represented in decision-making bodies at practically every level (home, community, district, national) and the legal, procedural, institutional and attitudinal environment is typically arrayed against them. Some of these circumstances could be changed, but lack of support from male counterparts—who control most of the relevant variables at present—continues to impede such change.

Agriculture: In Africa about 85% of rural women are farmers and they grow and process as much as 80% of family food consumption (Cornia 1987: 187). Improvements in smallholder farming techniques can be very effective both for improving household food security and for empowering women, but such improvements have been far to seek in Africa. Unlike Asia and South America, sub-Saharan Africa's subsistence farmers have benefitted little from new crop varieties. This may be because agricultural extension workers have a bias favouring largeholders and are usually men addressing their programmes to other men. At other times, improved crop varieties may require inputs (e.g. seeds and fertilizer) which women farmers cannot purchase on a timely basis or in affordable quantities (particularly when credit is scarce). Nonetheless there have been successes: Rwanda has introduced high-yielding, disease-resistent and input-independent potatoes to its smallholders and Kenya in the 1960s rapidly persuaded its smallholders to adopt hybrid maize by clearly demonstrating its superiority over local varieties, promoting it heavily through extension services and making necessary production inputs readily available in the private sector. Nonetheless, in ESA as a whole, more can be done to assist the small-scale women farmer: extension services must be purged of their biases in favour of largeholders and male farmers; agricultural research should be directed to secondary crop varieties and to quickly maturing crops (used to insure against crop failure and to bridge

Figure 6.3
Females as a Percentage of Males (1988)



Source: UNDP 1990: 144-45.

seasonal shortages); and female farmers should have improved access to land, livestock, credit, technology (tools) and essential inputs (hybrid seeds and fertilizer).

Business Management: If we shift our focus to women as workers and producers in the larger economy, the primary issue is women's empowerment. UNICEF's women's development programmes are currently focused on advocacy, national capacity-building and adult (formal and technical) education with the general objective of establishing gender parity (i.e. enhancing women's social, legal and economic status and improving women's representation in economic, political and institutional fora). Progress on these issues is very slow. In Africa, men are 97.5% of ministerial decision-makers; women 2.5%. (Only in the lusophone countries do women constitute a significant percentage of parliamentarians: 15.4% in Angola and 16% in Mozambique.) At the same time, in Kenya women make up 78.9% of the people employed in the lowest paying jobs (clerk, nurse, teacher, saleswoman, social worker) but only 6.1% of those employed in the highest paying jobs (finance, business and management). Even when women escape the job ghettoes in Kenya, their wages (e.g. in manufacturing) are 76.5% of men's wages (UNDP 1989).

Female exclusion from management occurs not only in private sector activities but also, sometimes surreptitiously, in development activities. Community-driven development programmes—although they nominally involve women in all critical programming aspects—frequently fail to do so in actuality. The composition of the community (and particularly its decision-making bodies) usually determines how responsive such programmes are to women's needs, since the programmes take their start from community-level inputs identifying priority issues and available resources. If women are left out of the micro-level decision-making which sets the programme agenda, it is unlikely that their needs will be identified and given priority.

Household Management: As more and more African women enter the national economy, the burdens of household management will need to be shared with others. In particular, there will be an increasing demand for adequate child care. This demand is already considerable in Kenya, where mothers with large families cannot enter income-generating activities without assistance for their children; in Mauritius, where women are seeking reliable low-cost day care centres near the Export Processing Zone where they work; and in Namibia, where Church-supported urban day care centres are being improved and expanded to meet rising demand. The promotion of other labour-saving devices for the home (e.g. Mozambique has introduced fuel-saving stoves, not only to lighten women's workloads but also to reduce deforestation and to stretch family budgets) may help to relieve the heavy demands which full-time mothering and full-time employment make. But at the same time husbands and fathers will need to make larger contributions to household management: fetching water and firewood are simple tasks which men can do and which men should do as responsible parents.

Female-Headed Households

Several unique circumstances and difficulties confront female-headed households, which may be a third of all households in Africa. Although death and divorce frequently force women to head their households, outmigration is the main cause of the rise in female-headed households in Kenya and Malawi as well as in Botswana, Lesotho and other southern African economies supplying labour to South Africa. It is worth notice that female-headed households frequently *improve* over male-headed households in at least one way: when women manage household assets independently of male interference, all members of the household benefit (particularly in nutritional status) to a greater extent than when men manage household assets (Fleuret 1990: 10). This is because women allocate their own incomes principally to the purchase of necessities. Similarly—and perhaps for the same reason—women's employment has been shown to have a positive (rather than a negative) effect on the health and nutritional status of children (Ibid.: 17). Nonetheless, women heads of households labour under many disadvantages. Typically poor, such households cannot purchase labour but must sell it; typically containing fewer adults, they have higher dependency ratios; typically lacking sufficient able-bodied

Children in female-headed households often enjoy better health and nutritional status than children in conventional households

Table 6.2
Female-Headed Households
(% Total/Urban/Rural)

Botswana (1985)	46/24/76
Kenya (1987)	30/25/34
Malawi (1985)	28/—/30
Mauritius (1985)	19/—/—
Sao Tome (1989)	20/—/—
Uganda (1987)	15/—/—
Zimbabwe (1988)	36/—/—

labourers, they must make up for deficiencies in the supply of labour by making greater individual contributions (Ibid.: 13).

Female-headed households are usually poorer than male-headed households, not because women are less educated and therefore less able to convert resources into utilities, but because they typically have less access to resources from the beginning. All the biases and prejudices which burden women in ordinary circumstances are even more crushing for women who are the sole or primary providers for numerous dependents. These women, despite their additional needs, often continue to be excluded from investment in income-generating activities (trade, large farms, transportation or education (for themselves or for their children)) and from opportunities to obtain land or productive inputs or relief assistance. This has a profound negative impact on their children, who will remain trapped in a cycle of poverty. Fortunately for some women, development projects which are sensitive to women's needs and concerns have appeared in their localities. For example, in Zanzibar a development scheme affecting nearly 3,000 hectares of double-cropped irrigated rice fields and 800 hectares of rainfed rice fields permitted women to register as tenants (receiving an allotment of one-tenth of a hectare of irrigated land or one-quarter of a hectare of rainfed land) and thus to have voices in the project's tenants' association.

Women's empowerment remains the fundamental goal

UNICEF Initiatives

Advocacy for women's empowerment remains the fundamental issue and should continue as a priority. Although women's organizations have had exemplary successes, much remains to be done on a scale which is beyond the reach of most self-help groups. Women's development in Africa—as elsewhere—requires consistent long-term support from many parties, including UNICEF, other agencies, NGOs and governments. While the ultimate goal remains the integration of women's concerns into basically non-segregated programmes, it may remain necessary in the short term to maintain women-specific projects. These should be phased out only when there is a clear indication that integrated programmes are successfully addressing women's needs.

As a start to attaining full integration, women should be more involved in decision-making processes and women's concerns should be incorporated in the basic objectives of development. UNICEF must revitalize efforts to sensitize people (particularly in banking, business and government) to gender issues and to create an environment (legal, political, social and economic) conducive to the growth and expansion of women's economic activities. Renewed efforts must be made to improve women's access to key services, to training, to agricultural extension services and to production resources. The plight of women in especially difficult circumstances (street girls, pregnant teenagers, single mothers, women heads of households) should be publicized with a view to designing appropriate responses. Finally, UNICEF should advocate for gender equality *under* the law, both to remove the gender biases of laws affecting status and ownership (e.g. divorce laws, inheritance laws and land tenure laws) and to ensure that women receive equal pay for work of equal value and have an equal voice in political structures. In general, all discriminatory practices—whether they are socially or legally enforced—must be broken down, in some cases with laws which mandate affirmative action.

Financial and technical support are necessary and appropriate for formulating a comprehensive approach to women's entrepreneurship. Efforts must be made to reduce women's household burdens and to include women in development planning and implementation. Institutional capacities for assisting women in their producer roles should be developed and improved. Finally, UNICEF in tandem with other organizations should contribute to the establishment of national databases which seek gender-disaggregation in all key indicators. With a comprehensive gender-disaggregated database, gender issues can be integrated into mainstream development processes.

Two other strategies approach women's development indirectly, through the girl child and through men. Since UNICEF's mandate is child development, major goals for *women* can legitimately be pursued through strategies focusing on the girl child: diligent efforts to reduce gender disparities and ensure equal opportunities should begin during the girl child's socialization, when unfair biases and prejudices blocking equal progress have not yet hardened into insurmountable obstacles. At the same time, traditional women's duties such as cooking, cleaning, caring for children and fetching water and firewood can be shared by men who have learned the meaning of responsible parenthood. The "separate purses" mentality should be replaced with a "joint purse" mentality which reflects responsible joint decision-making. To promote these deeper attitudinal changes, UNICEF should court public interest partners specifically targeting women's issues to share in its advocacy efforts. A start has already been made in Ethiopia, Somalia and Mozambique, where there are UNICEF exchanges with the local women's organizations.

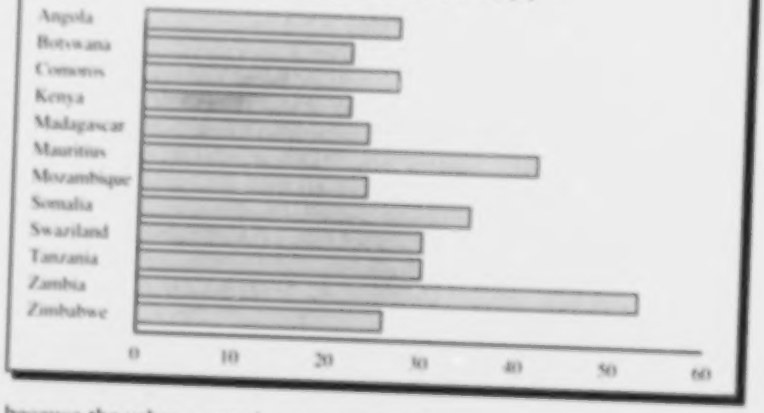
7 Urbanization

Although Africa is the least urbanized continent today, it has suffered in the past thirty years from a very high urban growth rate. Between 1950 and 1980, the populations of Nairobi and Dar es Salaam increased sevenfold (UNDP 1990: 85). Between 1980 and 1990, four countries in the region (Botswana, Lesotho, Mozambique and Tanzania) had an average annual urban growth rate of more than ten percent. At present, four countries (Mauritius, Somalia, Swaziland and Tanzania) have over 30% of their populations in urban areas and another (Zambia) over 50%. As populations shift to the urban areas, poverty will shift there as well. UNDP estimates that Africa's urban population will double between 1985 and 2000 (from 174 million to 361 million) and that less than one-half of this growth will result from the natural increase of populations already in the cities (Ibid.: 85, 87). The bulk will come from rural-urban migration, which the cities will be increasingly unable to absorb.

Rural Outmigration

Motivation: Most people migrate for economic reasons. Rural-urban migration almost always raises migrants' nominal incomes, although their real incomes may not improve. Nonetheless the perception that life is better in the city persists. In part, this is a consequence of the "urban bias" (Lipton 1984: 152-56) which African governments have indulged, treating urban areas preferentially (e.g. for pricing policies, food subsidies, social services, industrial development and infrastructure investments) and so prompting rural dwellers to migrate to the urban areas to enjoy the subsidized standard of living available there (Anyang' Nyong'o 1990: 2). At the same time, the extension of basic services in the urban areas has never been rapid enough to reach all of the urban poor, particularly as incremental improvements have attracted more and more of the rural poor, effectively wiping out any gains achieved. Nonetheless, resource allocations in Africa continue to reflect urban priorities, despite their inequity and inefficiency, because the urban sector is more organised, more articulate and more powerful than the rural sector and because the rural elite have joined the urban elite in their aspirations.

Figure 7.1
Urban Populations in ESA (%)



Rural outmigration has increased as young people in the rural areas have become better educated. Several studies show that the poorest and least educated rural families are underrepresented in outmigration. According to the World Bank, an educated Kenyan is five times as likely to migrate as one who is uneducated; similarly, in Tanzania, 90% of the men who left their villages were educated (World Bank 1990: 62). Finding rural customs and rural employment prospects limiting, they prefer to go to their relatives in the cities, where they hope to find a job (even if it is merely *jua kali* employment (i.e. informal employment under the "fierce sun")) as well as greater freedom.

At the same time, it is sensible for the rural African household (particularly when it is landless and has labour as its only significant asset) to place some of its members in urban labour markets in order to shelter its food- and income-generating abilities from the hardships which sporadically affect the rural areas. The household thereby minimizes its exposure to the risk of a complete calamity: the relative stability of one market can buffer the domestic impact of the collapse of another. This is especially true in countries

Most people migrate for economic reasons and most people migrating to the cities successfully raise their incomes

experiencing civil strife, such as Mozambique and Somalia, where people have crowded into the urban areas to escape the insecurities of the countryside. Studies in Kenya show that remittances from those placed in the urban markets helped to lift rural households out of the lowest income bracket and to improve agricultural production, partly by smoothing out the flow of income (Ibid.).

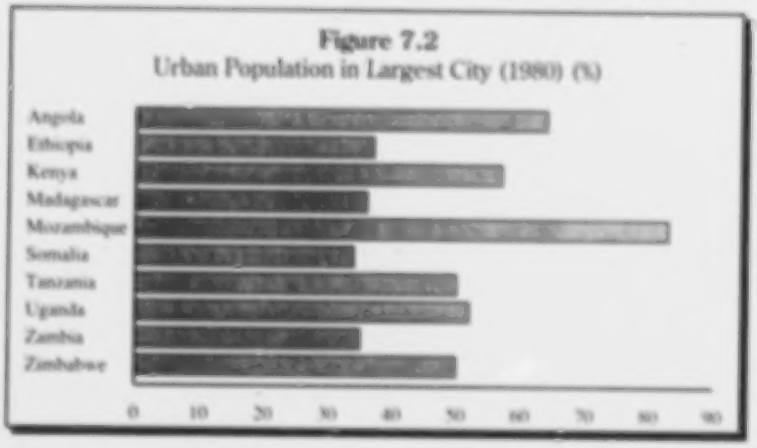
Because rural outmigration is often entirely reasonable, it is very difficult either to stem outmigration significantly or to redirect it to secondary urban centres. Voluntary resettlement initiatives as well as agricultural development projects (intended to increase farm productivity and thus encourage people to remain in the rural areas) have deflected only a small portion of rural-urban migration (UNDP 1990: 88-89). By investing in manufacturing and industrial activities located in secondary urban centres, some governments have tried to create "growth poles" across their countries, both to smooth out the distribution of the population and to slow the growth of their largest urban centres, but inefficiencies resulting from poor infrastructure and poor linkages to markets have frequently made these efforts vain (sometimes rendering a proposed "growth pole" an economic dependent instead) (Ibid.). More desperate solutions, e.g. expelling unemployed migrants (Tanzania) or routing *jua kali* workers and bulldozing new squatter settlements (Kenya) have had little permanent effect (Ibid.).

Government efforts to stem rural outmigration or to redirect it to secondary cities rarely succeed

Family Patterns: The prevailing paradigm shows the city dweller sending income to his relatives on the farm. It is still believed that malnutrition, low life expectancy, substandard housing and inadequate health services are more severe in the rural areas, even allowing for substantial differences in the cost of living. But sometimes the family in the rural area supports its urban members. There are growing numbers of urban poor who experience occasional or constant food and economic insecurity. The poor city dweller is less able than his country cousin to increase his own food production or to rely on his friends and relatives to provide him with essentials when the economy declines. The multigenerational household and other traditional support networks tend to break up in the cities, reducing to the margin the poor person's command over resources and leaving elderly persons (who had expected their children to support them) especially vulnerable. At the same time, traditional mores and social customs unravel as recent migrants experience increased mobility and rapidly changing priorities, adding emotional alienation to material deprivation. It is likely that an increasing number of urban households risk household food insecurity and more work needs to be done to determine how urban households cope with this risk.

While it is often true that immigrants to the urban areas have higher incomes and greater access to services (or at least not appreciably less) than they did in the rural areas, this may not mean that life has improved either for themselves or for their families. When male members of the household migrate to the towns—whether temporarily, to seek seasonal employment, or more permanently, to raise the family's income through remittances or to prepare for the arrival of the whole family—they leave the women to head the household, tend the farms and care for the children and the aged back in the country. Not infrequently, rural outmigration creates larger numbers of female-headed households in the rural areas and larger numbers of unemployed or underemployed men in the urban areas. Although working men generally send remittances to their dependents in the rural areas, these remittances will be insecure and variable, particularly as they may be diverted to unproductive expenditures. Children are often the biggest losers in these families: with absent and sometimes irresponsible fathers and over-burdened ill-treated mothers, they will grow up with little love and less care. This will be especially true in the labour reserve economies of Botswana, Lesotho, Mozambique and Zambia, as well as in South Africa itself, as men continue to migrate into and within that country seeking employment and perpetuating family disruptions over generations.

Figure 7.2
Urban Population in Largest City (1980) (%)



Urban Life

Employment: Most ESA countries have experienced urban growth for the wrong reasons and therefore most ESA cities are not able to provide rural migrants with secure

formal sector employment. Unlike (e.g.) Johannesburg, most of the cities in ESA did not develop as industrial centres but as administrative centres established for the convenience of colonial rulers (Anyang' Nyong'o 1990: 6). Nairobi was a forwarding centre for the construction of the Mombasa-Kampala railway: built in a swamp, with few geographical trade advantages, it could hardly be expected to function as an urban growth pole. As in other African countries, the rural areas were expected to support such artificial communities; it was not expected that they would support the rural areas. (Unfortunately there are no data indicating what share of their countries' GDP African cities generate.) Urban-based industries, which grew out of import-substitution policies, have benefited from the inexpensive services and facilities already available in the cities, but they have not always contributed to the extension of these services and facilities. From their genesis it is plain that these cities would be unable to absorb the flood of migrants that has recently flowed into them.

As a consequence, work in the formal sector of the economy is relatively scarce. Job tenure laws, minimum wage laws, social security levies and burdensome governmental procedures—even if their purpose is to reduce exploitation and raise welfare levels—tend to increase the cost of wage labour in the formal sector. By contrast, there are few disincentives to entry into the informal sector, which consists chiefly of self-employed persons or small-scale entrepreneurs employing a few others in manufacturing, trade or transport, mostly for domestic consumption by low-income households. The World Bank estimates that informal sector employment may account for as much as 75% of urban employment in sub-Saharan Africa (World Bank 1990: 63). Nonetheless, labourers in the informal sector suffer many hardships which their competitors in the formal sector avoid: while entrepreneurs must struggle to avoid discriminatory government regulations and to acquire credit and land titles as well as water, electrical power and other basic services, wage earners cope with low pay, job insecurity and poor work environments. It is not surprising that the incidence of poverty in the informal sector is several times higher than it is in the formal sector.

Services: In the 1960s, when African economies were growing, urban authorities were not pressed to improve conditions in the urban areas. But as these economies began to decline in the late 1970s and especially the 1980s, city governments were increasingly incapable of financing basic services. In Nairobi, per capita expenditures on water and sewerage fell by 28% per year in the 1980s; in Dar es Salaam, per capita spending on all urban services fell by 11% per year in the same period (UNDP 1990: 87). Since wealthy neighborhoods tend to maintain or even expand their services during hard times, the greater part of the hardship fell to poor neighborhoods, which received no service extensions or experienced service declines. The impact on urban environments and productivity will in time be enormous. Urban deterioration has already become an enduring symbol of Africa's economic tragedy. Roads are littered with potholes, water systems are polluted, telephone services are unreliable, garbage disposal is sporadic or nonexistent, electrical power is a luxury unaffordable (in some places) even to government offices, shanty towns are choking the cities' perimeters, and growing numbers of the poor are squatting in the filth and squalor of dying cities.

Table 7.1
Population Growth Rate (%) (1980-88)

	Total	Urban
Angola	2.6	5.7
Botswana	3.6	8.2
Burundi	2.8	8.9
Kenya	4.1	8.2
Lesotho	2.8	7.0
Madagascar	3.1	6.1
Malawi	3.2	7.7
Mozambique	2.6	10.2
Namibia	3.1	5.6
Rwanda	3.4	7.9
Somalia	3.5	5.9
Swaziland	3.4	8.9
Tanzania	3.7	11.2
Uganda	3.4	5.2
Zambia	3.9	6.7
Zimbabwe	3.1	5.5

Most African cities developed as administrative centres and cannot be readily converted into industrial centres

Despite declining urban conditions, migration to the cities continues to increase because life in the rural areas is still perceived to be worse. At the same time, the poor migrant population is forced to adopt various survival strategies which, heavily influenced by their rural experiences, tend to ruralize urban life (Anyang' Nyong'o 1990: 7-8.). Since the formal housing sector cannot keep pace with the increasing urban population, most of the urban poor (about 76% in Dar es Salaam) live in unauthorized informal settlements which typically do not observe building codes, zoning restrictions or land use regulations (UNDP 1990: 88). Thus, mud huts and other make-shift shelters copying rural styles are frequently cramped into the peri-urban areas, along with fowl, goats and donkeys, without water or sanitation facilities even though the population density in that area requires urban services and urban

infrastructure. Where city governments have attempted to cap unauthorized housing, or where rent control legislation discourages new construction, severe overcrowding is common, with many households living in a single room—in some cases alternating their periods of use throughout the day to relieve congestion (Ibid.).

Inadequate sanitation, contaminated water, chemical pollution and governmental harrassment (e.g. forcible evictions)—not to mention natural disasters such as floods and landslides—can have devastating effects on the urban poor, especially children, who are made even more vulnerable to insecurity and to vector-borne diseases than they would be in the rural areas. The lack of water and sewerage is particularly severe in most urban shanty towns. Data disaggregated according to location (e.g. rural, urban, peri-urban) are likely to show higher mortality and morbidity rates (especially for infectious diseases) prevailing in the poor urban neighbourhoods. Africa's cities, sadly, are not centres of production but centres of poverty (Anyang' Nyong'o 1990: 7-8).

A lack of urban planning has impeded the extension and improvement of basic urban services

Planning: While it is difficult to improve urban conditions in a shrinking economy, it is not impossible. Improvement requires governments to approach urban planning critically, but few African governments are prepared to do so. In Nairobi, for instance, building codes dating from the colonial period and tailored to colonial interests do not correspond with present realities. Because these codes are outdated and largely irrelevant, they are widely ignored, even by the city officials who are supposed to monitor their execution. Hence, in place of evolutionary urban plans which might promote the construction of efficient and well-managed cities (with adequate access to light, water, ventilation and sanitation) there is effectively a lawless vacuum which permits the uninterrupted construction of concrete towers and squalid crowded slums. Many of these, lacking the most rudimentary services, breed desperation. Partly as a consequence, the urban areas are experiencing large increases in prostitution, violent crime and numbers of street children.

The typical structure of urban government complicates these problems. Most urban areas are governed from a single city hall which is itself under the direct control of the central government. Few elect their own administrations or control resources directly. This reflects the importance which African governments attach to their urban centres, but it also typically places decision-makers at a distance remote from the problems which they need to address. It impedes both the administrator's ability to understand the issues confronting the urban dwellers and his ability to implement and monitor reforms. In addition, corruption has ground down urban governments in many African countries as civic authorities have come to regard the state as a *duka* ("shop") which the governor uses to enrich himself (Anyang' Nyong'o 1990: 5). People harbour low expectations from a city hall which "doesn't work" and once this perception becomes widespread, officers in the city hall increasingly and remorselessly indulge in corrupt practices. Since central governments rarely initiate legal proceedings to punish the misuse of public funds, such misuse generally goes unchecked. Without an independent professional management group with adequate authority and access to resources, it will remain impossible for African cities to plan, build, maintain and administer the complex service systems which they need.

Table 7.2
Urban/Rural Access to Services (1980*, 1985) (%)

Country	Health	Water	Sanitation
Angola	100/ 8*	87/15	29/16
Burundi	—	98/21	84/56
Ethiopia	—	80/ 5	96/—
Mozambique	—	38/ 9	53/12
Rwanda	60/25*	79/48	77/55
Somalia	50/15	58/22	44/ 5
Tanzania	99/72*	90/42	93/58
Uganda	90/57*	37/18	32/30
Zambia	100/50	76/41	76/34

Urban Reform

There are no easy solutions to the problems attending urban growth in ESA. The only effective solutions will require several huge and interrelated efforts: (i) building a productive base for planned urban development, (ii) establishing each city's fiscal and administrative independence by replacing central government grants with locally-raised revenue sources, (iii) promoting self-reliant strategies for the construction of housing and the extension and maintenance of infrastructure and (iv) reforming urban political institutions with a view to responsible

and accountable government (Anyang' Nyong'o 1990: 9; UNDP 1990: 7, 90-93).

Of these, the fourth is a prerequisite for adequate realization of the first three. While urban residents are usually willing to pay for the use and extension of city services, they must be able to see a direct link between payment and service delivery (UNDP 1990: 91). Plainly, if they have no faith in the will or the ability of the city government to make improvements, payments will not be readily forthcoming. Progress will remain elusive as long as city officials continue to view their offices as sinecures and employment outlets for their unqualified relatives. Officials must be trained to do their jobs well: they must be accountable for their actions, transparent in their use of public funds and responsive to the aspirations of their constituents. Promotions should be based on performance. If they were compelled to face the people in open and honest elections, their excesses might be checked: they would have an incentive to attend to the basic needs of their constituencies rather than the caprices of their relatively well-to-do friends.

To enable poor city residents to house themselves, city governments must be willing and able to increase the supply of urban land to the poor, guarantee their tenure, address their needs and conditions with innovative rules and regulations, and arbitrate disputes concerning ownership rights and landlord-tenant relations (Ibid.: 92). At the same time, building codes must be brought into line with present-day realities, roads and walkways should be improved, water and sanitation projects must be mapped out rationally, essential health services must be extended into the peri-urban areas and urban educational facilities must be constructed or improved.

Bringing democracy into Africa's largest cities will require a substantial devolution of fiscal and administrative power. Because communication systems in Africa are underdeveloped, and because public officials in Africa at present enjoy too much power over others, decentralizing these metropolitan governments into a federation of smaller units will promote the citizens' control of their representatives and therefore promote accountability. These smaller governments could levy their own taxes and establish their own budgets within the limits of a regulatory framework drawn on a city-wide basis. Lines of authority and accountability could be mapped out more clearly. At the same time, intercity transfers of resources—with the rich neighborhoods subsidizing the extension of services to the poor neighborhoods—should also be mandated. In every case, the critically needy urban communities should have "first call" on communal resources.

Building a productive base for the cities is a still larger task, which will require the reconstruction of national economies in most ESA countries. Legislation will be needed not only to protect nascent import-substitution industries and to encourage (rather than suppress) the informal sector, but also to direct growth in these activities into the urban areas. Transport linkages to markets (both for sale and for the purchase of raw materials) should be improved. At the same time, industrial and residential areas should be carefully zoned to avoid unnecessary intercrowding, with its negative effects on health and well-being.

UNICEF Initiatives

In this context, UNICEF's primary role will continue to be supporting the extension and improvement of urban basic services. UNICEF's efforts will be most effective if they provide assistance to strategies already adopted by urban people themselves. Programmes should focus on the protection of the whole child and involve full communities in planning and implementation. They should extend already existing basic services (including nonformal education) rather than invent new ones and they should operate within family and community structures rather than institutional ones. By complementing the survival strategies developed by the poor themselves, programmes are more likely to be continuous and sustainable as external funding is withdrawn. A key objective should be the integration of NGO and government programmes both to reduce duplication and to enhance complementarity.

At the advocacy level, UNICEF should persuade central governments to grant city managers greater autonomy and, in a parallel effort, promote responsible government among city managers. Urban planning (especially for water and sanitation projects) should be widely encouraged and assisted. The informal sector of the urban economy should be recognized and harnessed for the publication of information about health and education and for the spread of health services. Where small and intermediate cities already have strong rural links, investments in their public infrastructure and services may

Reforming urban political institutions is a necessary component of any long-term solution to the problems attending urban growth

enhance nonfarm employment opportunities for surplus rural labour as well as shorten migration distances.

Finally, central governments should be encouraged to reverse their urban development bias. In the past, excessive concentration on urban development has shifted resources away from rural development activities which would promote growth *and* assist the poor towards activities which would accomplish either objective (if at all) at the other's expense (Lipton 1990: 154). The agricultural and industrial sectors have a symbiotic relationship: that is, efficient industrialization is nearly impossible without a prior transformation of the rural sector (through major resource inputs), not merely for the sake of urban-industrial growth but also for the sake of the rural poor themselves. Rural development will also promote self-reliance in the production of basic necessities and slow the rate of rural outmigration by encouraging people to remain in the rural areas.

8 Children in Especially Difficult Circumstances

Children under fifteen years of age comprise 46% of the ESA population. In ESA, perhaps 20% or more of children under fifteen are in especially difficult circumstances—circumstances which deny their most basic human rights. These are the street children, working children, abandoned children, neglected and abused children and children exposed to armed conflicts or natural disasters. Increasingly, they include HIV-infected children and AIDS orphans.

Street Children and Working Children

Perhaps the largest group of children in especially difficult circumstances are street children and working children. Because most street children are working children, these two groups are typically treated together. By juxtaposing socio-economic statistics correlated with "streetism" (i.e. statistics on unemployment, urban poverty, school (non-) attendence and female-headed households), it is possible to estimate the range of children who are vulnerable to life on the streets (UNICEF Namibia: 1991). Unfortunately, no ESA country has conducted a comprehensive study of street children and few have systematic local studies. Namibia and Zimbabwe, with relatively detailed studies of street children in selected urban centres, are important exceptions.

Children's work may be necessary and beneficial to the child (socializing her and increasing her capacity for responsible behaviour) but it should not be exploitative and it should not interfere with the her schooling. (Ironically children are sometimes forced to work in order to pay school fees which their families cannot afford (UNICEF 1990c: 200).) A child's work becomes exploitative when it encroaches on her development, e.g. when she labours under unsafe and hazardous conditions (mining, quarrying, lifting heavy weights, etc.) or when she is forced into labour at an early age or at the expense of her education (UNICEF 1986a: 8). Exploitative work may retard a child's growth, increase her exposure to accidents and environmental hazards, entail prolonged separations from her family, restrict her access to basic health and education or foster unhealthy psychological and emotional dependencies. Some child "work" is so exploitative that it should be eliminated completely, e.g. bonded labour, military service, prostitution and drug trafficking.

Working children with regular family contacts: Most working children (about 75%

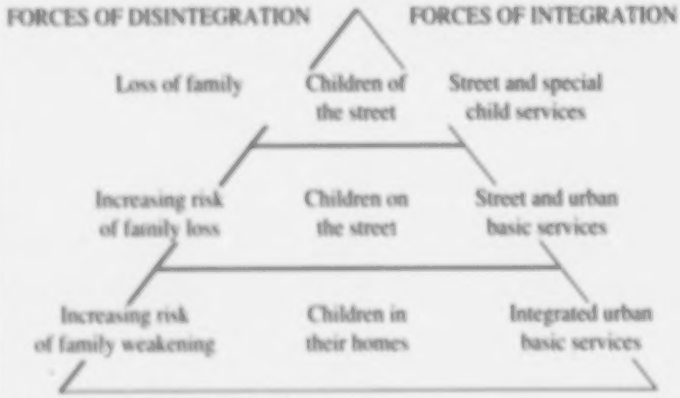
Box 8.1
Estimating the Number of Street Children in Namibia

Approximately 470,000 of Namibia's 1.6 million people are under fifteen years old. About 27% (or 127,000) of these children are urban. On the assumption that poverty, school non-attendence and female-headed households place urban children at a higher risk of "streetism", we can estimate the range of children who are at risk in Namibia. About 55% (or 70,000) of Namibia's urban children have families living in "absolute poverty" and about 40% (or 51,000) have parents who are unemployed. At the same time, between 16% and 25% of urban children (or 20,000 to 32,000) do not attend school and between 20% and 57% (or 25,000 and 72,000) live in female-headed households. Taking the mean between the lowest and highest figures above indicates that perhaps 46,000 children are vulnerable to life on the streets in Namibia. Assuming that one in twenty of those vulnerable are in fact street children, Namibia has about 2,300 street children (UNICEF Namibia).

Table 8.1
Some Statistics on Street Children in Harare

Gender	Male 69.5%	Female 30.5%	
Age	0-6 yrs 17%	7-13 yrs 44.5%	14-18 yrs 33.5%
Address	outside 15%	inside 85%	
Education	none 22%	primary 57%	secondary 21%
Custody	alone 7.5%	parents/ relatives 80.5%	friends 9.5%
Work	vending 46%	guarding or washing cars 16%	escorting disabled 13%
Work group	alone 41.5%	with peers/ friends 16%	with parents/ relatives 12%
Earnings (daily)	Z$0-5 53%	Z$6-10 20.5%	Z$11-15 15.5%
Spending	clothes 32%	food 32.5%	school 12.6%
Time on streets	< 1 yr 33.5%	1-2 yrs 19.5%	2-3 yrs 16.5%
Motivation	poverty 60%	parents 20%	abuse 3.5%
Parents' schooling	none 12%	primary 32%	secondary 16%
Parents' status	employed 25%	unemployed 58%	unknown 17%

Box 8.2
Street Children Programme Targets


FORCES OF DISINTEGRATION
FORCES OF INTEGRATION
Loss of family
Children of the street
Street and special child services
Increasing risk of family loss
Children on the street
Street and urban basic services
Increasing risk of family weakening
Children in their homes
Integrated urban basic services

Source: UNICEF Namibia 1990: 3.

(UNICEF 1986a: 91) are employed within the family, on the farm or in the home, and turn over their earnings to family uses. This is especially true of girls, who often work on the farm **and** do household work or care for younger children. Such work may not be intentionally exploitative. Often death, divorce or the departure of the father has left the mother reliant on children's contributions to the family income. Even in very poor two-parent families, child labour may be the result of structurally-imposed necessities as the family struggles to maintain its real income in a declining economy. In ESA, this problem is particularly acute in poorer rural communities, where children provide critical labour as herders, farm hands or water and firewood gatherers but miss the education system as a consequence. Others who attend school—and may be working in order to afford school—are usually one or two grades below their expected level.

Children in this first and largest category of working children typically go home to a family or a household and therefore do not feel abandoned. For these children, interventions increasing family or community awareness of exploitative labour and its ill effects as well as improving family and community environments (e.g. through improved access to basic services, credit institutions, income-generating activities and family planning services) may be most helpful (Ibid.). In some cases, nutritional services or financial aid for education purposes may be especially effective.

Children with casual and inadequate family contacts: A second group, who constitute about 20% of working children, work outside the family as labourers in factories or on commercial farms, or as indentured servants or apprentices, earning poor wages (or none at all) and suffering extremely unsafe or unhealthy conditions (Ibid.: 9-10). These children frequently have casual and inadequate ties to their families and frequently operate on the wrong side of the law. The working conditions of such children typically escape regulation because they are concentrated in the informal sector (which consists in illegal or unregistered shops and factories largely concealed from labour inspectors) or in the agricultural or domestic service sectors (which are usually exempted from child labour legislation (UNICEF 1988k: 201)). Others engage in petty trade or petty services (e.g. shoe-shining, car-parking and car-washing) to earn a few dollars and stay ahead of the law by packing up shop and fleeing whenever the law threatens.

Children with no family contacts: A third, more powerless group of children (the remaining 5%) have no family support whatsoever, because they have abandoned their families (runaways) or because their families have abandoned them (e.g. because their parents are too young or too old to care for them) or because circumstances (deaths, "disappearances", incarcerations or sudden and confusing evacuations) have separated them and their families (Ibid.: 9-10). As growing urbanisation continues to rend the fabric of Africa's traditional multi-generational families, abandonment and separation will become more common. These children have no experience of an ordinary "home" environment and, unlike the first two groups, there is little or no prospect for reintegrating these children into their families. Children who lack the support of a loving family, especially in war contexts, suffer emotional alienation and economic marginalization which may push them into anti-social work (such as begging, stealing, drug trafficking, prostitution or military service) simply to survive. For the eight or ten year old child prostitute, the risk of HIV infection is as high as 50% and the use of protective prophylactics

Box 8.3
DAPP's Schools for Street Boys

In Maputo, 640 boys between 12 and 17 years old attend DAPP's two schools for street boys. Three-quarters of these boys are war-dislocated but still live with their mother or other relatives. Their studies follow a shortened programme, condensing seven years of primary school into five years. One third of their time is devoted to ordinary subjects such as Portugeuse, mathematics, science, history and geography. Another third goes to practical training in one of four areas: agriculture, construction, repair technology or environmental technology. The final third goes to arts, sports, culture and breaks. The schools use standard educational materials and students participate in national exams, with success rates exceeding the national average in October 1990. Teachers and students minimize school expenses by growing their own food and constructing and maintaining their own buildings and they earn a part of the school's budget by selling their products (e.g. cement blocks) or their labour (e.g. painting or digging pit latrines).

virtually nil. Intra-venous drug use—which frequently brings HIV infection—is also a growing problem.

These children are the real street children: the street is their only home. They live together in gangs under one or more gang-leaders; they suffer continual police harrassment; they survive on food found in dust-bins or bought from meagre earnings; when there is no food, they drug their bodies to conceal the pain of hunger; they view any job as honourable and see no wrong with dishonourable activities when their survival hangs in the balance. Typically their parents were poor, possibly alcoholics, possibly child-abusers, often street people themselves. They lived in crowded shanties in peri-urban areas zoned for industries or higher-income housing estates; their belongings have been bulldozed and burnt to ashes; their communities have been ravaged by epidemics; their businesses have been reduced to rubble.

These street children need to be reintegrated into family-like environments which provide humane working and living conditions as well as access to basic health and educational services. Abandoned children should be taken into willing families through adoption. Child and parent tracing projects should be strengthened—preferably with the use of computerized databases—to reunite lost children with their families and thus restore family life as much as possible. Where these alternatives are unavailable, special services must be provided to improve the survival skills of these children, to improve their working and living conditions, and to link them with child-related institutions (e.g. schools and community resource centres). In some cities (e.g. Addis Ababa) the sheer numbers of street children may mean that providing a caring institution, education and vocational training and health and nutrition services is the most that is possible, with limited success being normal.

All working children would benefit tremendously from either of two educational strategies (if there were the political will to implement them): (i) provide free primary education to poor children and (ii) make school hours (or children's working hours) more flexible to accommodate the workplace (or the classroom) and integrate the standard curriculum with practical work-related instruction tailored to the specific needs of the children (UNICEF 1988c: 202). This strategy seeks to convert work from an obstacle into a vehicle for child development (UNICEF 1988a: 10). Most working and street children have never attended school or have dropped out as a consequence of gender discrimination, work demands, socio-political disadvantages or negative perceptions of the value of literacy. With older students who need to work at least part-time and who suffer severe socio-economic disadvantages, educational programmes will need to be informal and highly flexible with respect to students' ages, grade structures, attendence requirements, course duration, teaching methods, class times and locations and demands for accreditation. Curricular content will require substantial revision to meet situational needs, with special emphasis on obedience to the law, health (especially AIDS and drug abuse), and basic arithmetic and accounting. Teachers will also need to be atypical, with nonprofessionals such as former street children perhaps providing the best frontline offensive. Vocational training (e.g. through apprenticeship to local artisans) should also be promoted.

Box 8.4
Undugu's "Schools for Life"

The Undugu schools provide a special informal educational programme for Nairobi's working and street children. The full course covers 3-4 years instead of the conventional 7-8. The Undugu Society uses regular schools in four low-income neighborhoods and offers a modified education curriculum in off work hours. The lessons (which include some exposure to carpentry, tailoring and metal work) are practical and relevant to the daily life of the students. Each of the schools includes a tea bar, which enables the student proprietors both to earn money and to learn basic accounting. "Teachers" treat the children not as pupils but as partners in discovery (Dallape 1987: 68-72).

For working children of every category, working and living conditions should be improved. Informal recreation in youth clubs or sporting clubs would help to discipline these children and add some joy to their lives. At the same time, programmes should be created with the objective of empowering the child worker to enhance his self-esteem and his economic return (e.g. fair wages and regulated work hours) (UNICEF 1986a: 10). Community-based projects which reduce the risk of separation of children from families should be strengthened. Assistance to single parents (e.g. food supplements, education grants) should be more regularly forthcoming. Governments should raise their citizen's awareness of working children, emphasizing the detriments which occur to the child's long term development, and should give more authority to labour inspectors and child welfare workers to monitor and enforce strengthened child labour protection laws.

Street children and working children should be reintegrated into their families and provided with secure access to basic health and educational services

Abused and Neglected children

A second category of children in especially difficult circumstances are children who have been neglected or abused. Children are neglected when they do not receive even the minimally necessary amount of proper physical, emotional and psychological support: that is, their guardians take a passive role in their upbringing. A frequent result of such neglect is malnutrition or disease and, in

extreme cases, death. Abused children are children who have been subjected to physical, sexual or psychological mistreatment (battery, rape (especially incestual rape), or lack of love or interest in the child), usually by a parent or a teacher or some other person close to the child—in a family or an institutional context—and charged with the child's protection and assistance. Child abandonment is probably the most destructive and permanent form of child abuse and neglect. Children who are especially likely to be abused or neglected are girls, orphans, adopted children, sick and handicapped children, or children with physical or behavioural disorders (UNICEF 1986a: 11).

Perhaps ten percent of the region's children suffer from abuse or neglect, but it is difficult to make a reliable estimate. Data collection concerning child abuse and neglect in ESA continues to be unsystematic, existing (in fragmentary and unreliable form) chiefly in police records, hospital records and social workers' reports or in the files of organizations such as the African Network on Prevention and Protection against Child Abuse and Neglect. (For instance, 1984-88 hospital records for children under 10 admitted to Nairobi's Kenyatta National Hospital with a diagnosis of rape or battered child syndrome show that, of 30 cases, most (18 or 60%) involve children under one and a slight majority (53%) involve boys (Nduati 1989: 43). But such information, however interesting, will provide little programme guidance without substantial additions.) Until data are collected routinely and systematically from a wide range of sources and for a wide range of incidents, the extent of child abuse and neglect can only be estimated, its causal complexities only vaguely understood, and preventive inter-ventions only weakly determined or assessed.

Developing cost-effective interventions to prevent and treat child abuse and neglect presents a large challenge

Improved data collection is urgently required, particularly as some UNICEF country offices (e.g. Mauritius) have reported apparent increases in child abuse and neglect. These countries are advocating child protection legislation both to promote awareness of the problem and to curtail its occurrence. Such efforts should be extended to all countries: UNICEF must promote efforts to build awareness (among families, communities, non-governmental organisations, labour unions, law enforcement authorities and government policy makers) and to share experiences, both to improve detection and to gather data on the numbers of children affected and the severity of the abuse or neglect which affects them.

Designing appropriate cost-effective interventions to combat child abuse and neglect presents a huge challenge: approaches in the developed world tend to rely on high-cost professional assistance which is not feasible in the developing world. In ESA, prevention and treatment are likely to rely heavily on family support, legislative responses, national health policies and community education and mobilization. For abandoned children, as for street children, family-like groupings (such as caretaker families and group homes within a regular community) should be promoted to return these children to a normal environment. The implementation of the Convention on the Rights of the Child needs to be monitored and abuses of the Convention must be identified and stopped.

Children Exposed to Armed Conflict

A third category of children in especially difficult circumstances are children who live in the midst of armed conflict. These are child refugees, displaced children, stateless children, children suffering from war-related handicaps or war-aggravated malnutrition and children who have been orphaned or separated from their parents by war. Recent hostilies in Rwanda and protracted conflicts in Uganda, in the Horn of Africa (Ethiopia, Somalia and Sudan) and in Southern Africa (chiefly Angola and Mozambique, but also Namibia and Zambia, not to mention South Africa itself) have condemned huge numbers of children to upbringings with no experience of plenty or peaceful times. While Namibia is emerging from Southern Africa's nightmare, the reintegration of 44,000 returnees into their local communities (where they need food rations, agricultural kits, improved health services (i.e. essential drugs, vaccines and cold chain equipment) as well as emergency school programmes for the adjustment period) gives some indication of the immense scale of this problem in ESA.

Perhaps most pitiable in this category is the child soldier. In Uganda between 1980 and 1986, soldiers cared for hundreds of orphaned children between the ages of 4 and 16: as many as 90% of these, out of desperation, became "soldiers" themselves (Kasosi 1988). Such children are typically socialized away from their families and communities and indoctrinated with a set of cramped moral values which make a virtue of inhumane behaviour. In some cases, children have been forced to turn against their own families, even to the point of killing them. Particular efforts must be made to demobilize these child soldiers, both physically and psychologically: UNICEF must help to rehabilitate them, to adjust them to civilian life, to treat their emotional trauma and to give them schooling and skills training.

UNICEF's unifying theme for interventions intended to assist children exposed to armed conflict is "Children as a Zone of Peace". Under this theme, UNICEF country offices in armed conflict situations work to promote compliance with international laws protecting women and children, to protect

services and institutions directed to children's needs and to extend and improve children's access to these services. Much of this work profits enormously from the collaboration of other agencies, especially ICRC and UNHCR, as well as NGOs and religious groups.

Children Exposed to Natural Disaster

Children who are victims of natural disasters are a fourth group in especially difficult circumstances. In ESA, drought-induced famines in Ethiopia and Somalia and (potentially) Angola, Mozambique and Zambia continue to afflict millions of people. Many of these natural calamities occur (or are exacerbated) not simply because climatic and geological events conspire terribly, but also because warring parties use famine as a military weapon (e.g. Ethiopia in 1984-85 and Mozambique in 1983-84) or because poverty and rapid population increases force people in marginal localities to engage in environmentally destructive activities as part of their effort to survive.

Although UNICEF can do little to prevent depraved governments or rebel groups from using natural calamities to murder whole populations indiscriminately, it can help willing parties to design preventive programmes which aim to reduce vulnerability, to inculcate environmentally sound resource exploitation, and to strengthen family and community capacities to survive natural disasters (e.g. improving early warning systems and disaster preparedness). In all cases, relief efforts should consist in appropriate supplies targeted to the most needy and they should be kept to minimal amounts to preempt dependency. Relief interventions should also be linked to sustainable development—they should not undermine traditional coping strategies or accentuate social and political divisions and they should continue beyond the emergency period to rehabilitate services, restore livelihoods and improve community and family life. Making maximum use of local inputs and talents as well as existing administrative structures, relief efforts should aim above all to help people to help themselves. Throughout the emergency period, family and community structures should be protected as much as possible to enable them to continue or resume functioning as natural units once the emergency passes. Refugee camps should be a last resort. Once again, collaboration with NGOs, other agencies (WFP, WHO, UNHCR) and religious organizations will bear the most fruit.

HIV-Infected Children and AIDS Orphans

Children who are victims of AIDS constitute a fifth category of children in especially difficult circumstances. These include children who are AIDS orphans (i.e. whose parents have died of AIDS) as well as children who are themselves infected with HIV or AIDS. For the AIDS-infected child, life is a futile struggle against powerful wasting illnesses which ends in death, usually before the age of two. Very little can be done for him, either to relieve his pain or to extend his life: his ill-birth sharply limits his potential, giving him life in exchange for continuous suffering and premature death. The AIDS orphan, even if he has escaped perinatal infection, will often be a vagabond, shuffled from one guardian to another—from aged and infirm grandparents to aunts and uncles, who may themselves soon die of AIDS, or to slightly older siblings who (at the age of thirteen or fourteen) may be forced to become heads of households. For the teenage girl who has missed perinatal HIV transmission, there is the additional threat of coercive relationships with older men who seek sexual relations which carry a low risk of HIV infection. Since such men have frequently had other sexual partners, they may themselves be carriers: hence their girl partners are exposed not merely to the risk of early pregnancy but also to a greater risk of HIV infection.

The struggle against AIDS is chiefly a struggle against prevailing attitudes and behaviour patterns. WHO, UNICEF and other agencies must spread correct information about the disease, with special efforts to reach teenagers before they become sexually active, to help people to protect themselves from HIV infection. Women's control over their sexual lives must be increased both because they are the primary victims of HIV/AIDS in Africa and because the most effective way to prevent the spread of HIV in children is to contain the spread of HIV in women. At the same time, community-based and culturally-acceptable caregiving systems are urgently required for AIDS orphans, expected (in

Box 8.5
Other Categories of Children in Especially Difficult Circumstances

To the (relatively well-researched) sub-groups of children in expecially difficult circumstances we may add five others, which have been largely overlooked. These include (vi) *institutionalized children* who, whether they live in prisons or orphanages or mental hospitals, often live in very poor conditions; (vii) *children of minority parents who are subject to discrimination* and therefore confronted with fairly intransigent socio-economic barriers to their advancement; (viii) *children of nomads*, who rarely benefit from basic health services and who often miss the educational system (e.g. Somalia); (ix) *disabled children*, whether the cause of disability is war, disease or injury (e.g. war-shattered Angola, which has the largest number of amputees per capita in the world (Inter-Agency Task Force 1989:)); and finally (x) *children of migrant workers*, who live in families contorted by generations of the migrant labour system, typically with absentee fathers and overworked mothers (especially in Lesotho, southern Mozambique and northern Namibia).

central Africa) to include between 3.1 and 5.5 million children under 15 by the year 2000 (Preble 1990: 679).

UNICEF Initiatives

Six working principles have guided UNICEF's response to children in especially difficult circumstances since 1986 (UNICEF 1986: 3). These include: (i) reducing the risk of child victimization through the introduction of family- and community-oriented preventive strategies; (ii) treating the victimized child as a whole person, with attention to the child's physical, emotional and psychological needs; (iii) nesting interventions within family and community structures rather than institutional ones; (iv) adapting and strengthening traditional communal values rather than introducing individualistic "modern" ones; (v) extending and improving existing services rather than introducing parallel ones; and (vi) adding new services targeted on the unique difficulties which victimized children encounter (e.g. informal education). For all strategies, it is critical to realize that the children themselves are the main resource.

Interventions should rely on existing community structures and traditional communal values

Whatever sort of difficult circumstances children may face, special efforts must be made to ensure that such children have access to basic government services, particularly health care and education. This requires advocacy: governments and non-governmental agencies must review policies and adapt and extend them to reflect this aim. Such children would also benefit from the passage and subsequent enforcement of appropriate protective legislation (e.g. the Convention on the Rights of the Child) addressing the difficult circumstances which they confront. As a general preventive measure—difficult to achieve but most effective if achieved—families and communities in difficult circumstances should be empowered (by building family and community capacities and promoting their self-reliance) to fulfil their nurturing and caring roles.

Interventions intending to benefit working children will take a variety of forms. Where working children continue to live with their families, efforts to improve family and community environments and to increase awareness of the ill effects of exploitative child labour would be most helpful. Where children have only casual links with their families, efforts should focus on maintaining and strengthening these links. Where children are without family contacts, they need to be reintegrated into family-like environments which provide access to basic health and educational services as well as to special services directed to improving their survival skills. For all types of working children, initiatives designed to improve working and living conditions and to reduce (or rearrange) working hours to enable them to attend school and to be with their families are critical.

Nonetheless, special programmes which are tailored to the needs of specific localities must be created and implemented. Some of the UNICEF country offices in ESA are pushing forward with these. Such programmes frequently employ preventive strategies, both at the family and the community levels, with a focus on improving school enrolment and completion rates. In Kenya, for example, CEDC strategies aim both to improve children's access to education and to build family capacities for raising children. Women's groups are being encouraged to develop and manage pre-schools in squatter settlements; parents of street children are being loaned money to help keep their children in school; regular schools (as well as vocational and skills training programmes for school drop-outs) are being strengthened and supported; and graduates of training programmes are being provided with tools and start-up funds to ease their transition into the work force. Where children are forced to remain outside of the school system, working as hawkers or beach boys, efforts are being made to improve the marketing of their wares and to obtain relief from government harrassment.

In Mozambique, with the continuing war, similar efforts remain a major preoccupation. UNICEF is training additional staff for community-based pre-schools as well as expanding the social welfare task force with additional child care professionals. Pilot projects focussed on disabled children and urban street children in the bairros of Maputo and the Northern provinces are building pre-schools and community resource centres which will provide mothers with teaching materials, locally made toys and training for income-generation as well as act as a focal point for pre-schooling efforts. As nascent research centres, these community centres will also produce children's books concerning subjects such as local folk tales, child rights and Facts for Life. At the same time, liaisons with local church groups may promote children's activities such as pottery, weaving, and child newspaper reporting as well as lead to improved water systems and greater access to health clinics.

9 Conflicts and Wars

Military Spending: In 1987 seven of the ten most militarized countries in sub-Saharan Africa were in ESA. These include Angola (1st), Ethiopia (2nd), Mozambique (3rd), Zimbabwe (4th), Somalia (7th), Tanzania (8th) and Zambia (10th) (Deger 1990: 27). All of these countries are involved in inter- or intra-state conflicts either in the Horn of Africa or in Southern Africa. For five ESA countries, military spending more than doubled over 1975-80, with Ethiopia recording 197% growth, Kenya 176%, Malawi 110%, Zimbabwe 114.5% and Mozambique an alarming 692% (Ibid.). Military spending fell through 1980-88 in most of ESA (excepting Angola—which showed positive growth of 129%—Botswana, Burundi, Rwanda, Uganda and Zambia), with most of the fall coming after 1986-87, when it became apparent that cutbacks in social services alone would not stem Africa's economic crisis (Ibid.). Yet, even when growth in military spending slowed, because the demand for military security dominates the demand for social welfare improvements in many ESA governments, it slowed less than spending in other sectors and remained high as a percentage of total government spending. Over the whole period (1975-88), the quantity and quality of weapons in sub-Saharan Africa has increased markedly, with the stock of tanks and military aircraft doubling and with missile systems moving into nineteen countries in addition to Nigeria (the only holder in 1975).

War-Related Death and Disaster: The military buildup in ESA has occurred in a period of human history which has seen unparalleled proof of man's barbarity. While an almost chivalrous soldier's ethic kept civilian casualties below 10% in World War I, modern military machines waging "total war" do not discriminate between combatants and non-combatants, with the result that civilian casualties have accounted for 80-90% of all casualties in recent wars.

War kills and in ESA the majority of those killed are children, dying directly from pangas, bullets and missiles, or indirectly from the destruction of essential services or the disruption of relief and commercial supplies. Not surprisingly, there appears to be a negative correlation between military spending and mortality rate reduction. Recent studies show that the average annual rate of reduction in under five mortality rates slowed considerably for seven of ESA countries between 1960 and 1987. Of these seven, five are in war-affected regions (Ibid.). War also brings higher rates of disability, not merely from injury but also from war-induced malnutrition. These disabilities can be permanent. Children are especially at risk because rehabilitation services typically favour adults (especially soldiers and working males). UNICEF estimates that fewer than 20% of the war-disabled children in Angola and Mozambique receive prosthetic devices (UNICEF 1990c: 195). For the 80% without, deformities worsen as their skeletons grow.

Table 9.1
Average Annual Rate of U5MR Reduction (%)

Country	1960-1980	1980-1989
Angola	1.2	-0.9
Ethiopia	0.6	0.1
Kenya	2.2	2.0
Mozambique	1.2	-1.8
Zambia	2.2	1.7

War also brings anxiety, loneliness, feelings of helplessness, unrelieved stress over long periods and the collapse of ordinary family life. The resulting psychological trauma may extend over generations. Children become violent, defiant, war-obsessed—in play, in conversations, in attitudes to human life. Child soldiers (often recruited by conscription or forceful abduction) are socialized away from their families and communities and inculcated with warped moral values which make a virtue of killing. Rudely treated themselves, they extend the same inhumane treatment to their victims. At times they are even forced to betray or to murder their own parents or siblings (UNICEF 1990c: 195). Other children, who escape

Military expenditures continue to dominate social expenditures in many ESA economies

Table 9.2
War-Related Deaths in Southern Africa (1980-1990)

Country	Infants & Children	All deaths
Mozambique	666,000	1,100,000
Angola	453,000	650,000
Zambia	52,500	55,000
Namibia	35,000	57,000
Malawi	27,000	27,100
Tanzania	25,000	25,250
TOTAL	1,258,500	1,914,350

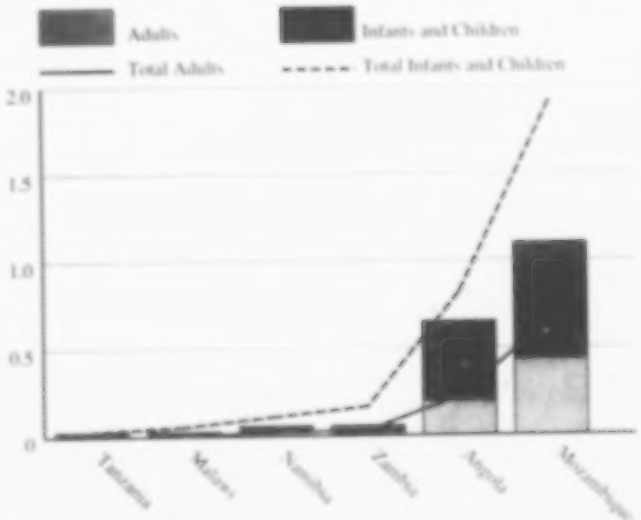
Source: Children on the Front Line III (draft).

direct involvement, may be separated from their families by death, conscription, abandonment, incarceration, "disappearance" or the confusion of evacuation (Ibid.). Such children—confronting the nightmare of warfare alone—are doubly disadvantaged.

War also distorts national production tremendously. War spending competes directly with social spending for government revenues and the largest portion of the war budget is spent on unproductive purchases such as the salaries of military personnel and the acquisition and rehabilitation of military infrastructure. At the same time, the wanton destruction of productive infrastructure (especially schools, health clinics, water and sanitation facilities, power and transportation networks) is frequently a key tactic of one or more of the warring parties. As the juggernaut of war advances through the countryside, pushing waves of refugees ahead of it, production in rural subsistence economies collapses, throwing many very poor people onto the threshold of starvation.

Refugees and Displaced Children: The situation of illegal refugees and internally displaced children is especially urgent. These children suffer many of the same difficulties which beset legal refugee children: poverty, disease, malnutrition, interrupted educations, unsanitary camp conditions and emotional trauma which may engender behavioural complexities such as distrust, anxiety, vengence, aggression (ANPPCAN 1990: 11). They too may be deprived of access to objects and symbols which are central to the maintenance of their socio-cultural identity. But, while UNHCR assists legal refugees—displaced persons who flee across borders and receive refugee status from their host governments—those who remain within their countries must look to their own governments for assistance and those who are "illegal" can make no official claim for assistance anywhere. WFP, UNICEF and other organizations typically await an official government request for assistance before responding to such emergency situations. When one or another warring party refuses to cooperate with relief workers or cannot guarantee their security, relief and rehabilitation services are effectively cut off, leaving these children severely alone.

Figure 9.1
War-Related Deaths in Southern Africa (millions) (1980-1990)



Source: Children on the Front Line III, (draft).

Southern Africa

Lost GDP Growth: Over 1980-90, South Africa's total military engagement in Southern Africa—designed to destabilize the SADCC countries socially and politically and to entrench their dependency on South Africa economically—has cost the SADCC countries (including Namibia) over $95b in lost GDP (counting lost growth), with Angola ($42.5b) and Mozambique ($22.7b) bearing the brunt of the loss.[1] This sum is about three times Southern Africa's total production in 1990 or about $1,085 per person. War-related expenditures in all SADCC countries were running at about $10b (or 43% of achieved GDP) per annum through-out the 1980s, with Angola and Mozambique reporting losses of about 90% and 110% of achieved GDP in 1988 (Ibid.: 4, 6). For weak economies with limited financial resources and large populations living below the poverty line, such losses have been devastating in human terms. At the same time, South Africa has extended soft loans and other favours to African countries beyond the front-line states to divide Africa's response to *apartheid*. This combination of bribes and punishments was part of South Africa's "total strategy" for

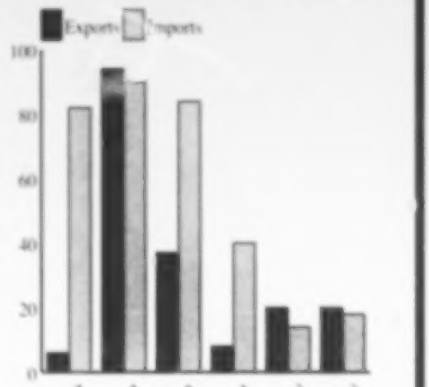
making itself a regional superpower to be feared by its neighbors and ignored at their peril.

Inflated Child Mortality: Destabilization may be the largest single contributor to infant and child deaths in Southern Africa (Morgan 1990: 1), with many of these resulting indirectly from the destruction of essential services or disruptions of relief and commercial supplies. In Mozambique, mass terrorism has damaged or destroyed about 40% of rural water systems as well as health care facilities previously serving about five million people (Inter-Agency Task Force 1989: 21). About 500,000 children have been cut from school enrolments and about 250,000 children have been orphaned or separated from their families (Ibid.). In Angola as much as 25% of health and education facilities and 75% of communal water supplies have been destroyed, affecting as many as two million people (Ibid.: 27). Counting deaths resulting directly from pangas, guns and missiles and indirectly from war-aggravated famine as well as the "excess" in infant and child mortality rates resulting from the breakdown of essential services, war in the SADCC countries claimed the lives of more than 1.25 million children and 650,000 adults between 1980 and 1990. South Africa's aggression has cost Angola and Mozambique alone over 12 children's lives *per hour* for most of the last decade.

Refugee Populations: In addition, the war has displaced over seven million people, with 1.3 million crossing borders, and the remainder—1.5 million in Angola and 4.6 million in Mozambique (including about 1.5 million nominally resettled *afectados* (Green 1990a: 21))—internally displaced. Half the populations of Angola and Mozambique (12 million people) have been forced from their homes at least once, often with the loss of their possessions (Inter-Agency Task Force 1989: 15). Frequently they have had to rely on food aid for survival. Large concentrations of Mozambican refugees in Malawi (850,000), Zimbabwe (100,000), Tanzania (100,000)[2] and Swaziland (60,000) have seriously upset ecological balances and deteriorated basic water, health and education services in the over-crowded border areas (UNICEF 1991). Zambia has similar problems coping with over 300,000 refugees, 80% Angolan and 20% Mozambican. Since external aid for refugees is weak, they place a heavy financial burden on host households (who pay about 50% of their costs) and host governments (who pay another 25%).

Disrupted Trade Patterns: The key component of South Africa's destabilization strategy has been the destruction of the sub-region's trade routes, public utilities and large foreign-exchange-earning production units (plants, mines, commercial farm estates). Coastal Angola and Mozambique have been the main targets, suffering direct South African commando raids as well as insurrections mounted by South African proxies (RENAMO in Mozambique and UNITA—also receiving U.S. support—in Angola). Mozambique's railway corridors, the trade lifeline for landlocked Malawi, Zambia and Zimbabwe, have been extensively and repeatedly bombed in a campaign which has been broadened to a general assault on Mozambican society and government authority. Mass terrorism has reduced the Mozambican economy to one-half of its peace-time strength, cutting deeply into rural production levels, absorbing entirely the narrow food security margins of poor rural households and preventing emergency relief from reaching those who need it most. At the same time, poor urban households (joined by about one million migrants fleeing the insecurity of the countryside) can no longer rely on rural food surpluses for food (Ibid.: 21).

Figure 9.2
Trade with South Africa (as a percentage of total trade) (1985)



Source: Van Staden 1990.

By diverting the sub-region's natural trade flows into its own territory, South Africa has brought sharp losses in trade and export revenues to the SADCC ten. At the same time, it has increased revenues to its own economy, found a means to evade sanctions and gained an economic weapon over critical neighbors (i.e. it may block trade, withdraw railway services or delay critical import and export flows—as well as expel migrant workers). Trade data show clearly that the sub-region's economy exhibits a dependency structure with South Africa and (to a lesser extent) Zimbabwe at the core and the remaining SADCC countries on the periphery.

South Africa's military aggression cost Angola and Mozambique more than twelve children's lives per hour for most of the 1980s

Box 9.1
Inside South Africa

By June 1991, President De Klerk and his government had repealed the Land Acts, the Group Areas Act and the Population Registration Act, submitting apartheid to its final agony. The Land Acts (promulgated in 1913 and 1936 and intended to purge white South Africa of its "black spots") had reserved 87% of South Africa's land for the white population and divided the remaining 13% into ten "black" bantustans. The Group Areas Act (as amended in 1966) segregated residential communities according to race and the Population Registration Act (promulgated in 1950 and the key to the apartheid regime) classified South African citizens according to the colour of their skin.

Although these announcements were greeted with joy in many parts of South Africa, the road to a post-apartheid South Africa is still filled with obstacles. The government's failure in May 1991 to meet ANC ultimata has resulted in a breakdown in the talks preparing for formal negotiations. In addition, although the government and the ANC agree that the new constitution should recognize a unitary state governed on the principle of one person one vote, they harbour many substantive and procedural disagreements, with the government insisting both that it is able to oversee constitutional negotiations with disinterest and that any constitutional agreement must decentralize power radically and incorporate structural guarantees for the protection of minority interests.

At the same time, violence has intensified in South Africa, with almost 26,000 murders and culpable homicides in 1990 alone. Many people, particularly children, are living in insecure neighbourhoods with no hope for effective protection. Right-wing violence has increased significantly, especially since the government amended its white paper on land reform to acknowledge that reparations may be due to the 3.5 million people who have been forcibly removed from their land since 1960. The economy is also suffering as investors keep their capital out of an unstable market and as unemployment and inflation reach new highs (30% and 16% respectively). Nonetheless, the desire to conclude formal negotiations before the present constitution forces another election in the white parliament suggests that a post-apartheid South Africa will exist by 1994.

Despite being the focus of economic sanctions, South Africa has increased its exports to Africa four-fold in real terms, from R890 in 1984 to R2,800 in 1988 (20% of its total exports). Over the same period, it increased its imports from Africa two-fold, from R404m to R870m (Van Staden 1990: 26). These figures also show that South Africa runs a trade surplus with the rest of Africa.

Against this background, SADCC has reduced regional dependence on South Africa modestly, expanding non-South African, intra-regional trade by several hundred million dollars (Green 1990b: 4). Recent efforts to expand economic coordination beyond the transport and communications sectors are encouraging. Nonetheless, within the SADCC ten, trade is concentrated on a Botswana-Zimbabwe axis with Zimbabwean exports dominating generally (Ibid.: 10). Thus there has been little progress in reducing regional disparities within SADCC. Zimbabwe, starting from a position of comparative industrial advantage, has exploited regional tariff agreements to raise manufacturing's contribution to GDP from 26% at independence to 40% now (Van Staden 1990: 27). Lesotho and Swaziland—almost wholly embraced by the South African market—continue to have as their only reasonable economic option managed dependency on South Africa.

Recent Improvements: Recent reforms in South Africa suggest that its military engagement in Southern Africa is ending. South Africa has largely withdrawn its military forces in the sub-region since its 1988 defeat at Cuito Cuanavale and, although private financing continues to support hostilities in some places, the prospects for peace seem better now than they have been at any time since 1975. In Mozambique, reconstruction has outpaced destruction for four consecutive years. RENAMO's military position is deteriorating north of Maputo province and—since June 1990, when South African forces finally heeded their government—in Maputo province itself (Green 1990b: 14). At the same time, RENAMO is very unlikely to enjoy electoral success in the proposed 1991 multi-party elections. As its external backers fall away, RENAMO will be forced to negotiate peace from a weakening bargaining position. In Angola, the governing MPLA and the UNITA rebels have observed a UN-policed cease-fire since 30 May 1991, ending sixteen years of civil war. As part of the cease-fire agreement, Angola will guarantee freedom of the press, permit multi-party elections (now scheduled for late 1992) and integrate rebel and government forces into a unitary army. At the same time, U.S. military assistance to UNITA will end.

Despite destabilization, Southern Africa's general economic and agricultural balance has improved remarkably since 1985, with total economic output and food production both growing more quickly than population (Ibid.: 3). But regional GDP growth of about 3% per annum obscures large intra-regional disparities, with Botswana's positive growth of 12-14% per annum in 1985-87 offsetting Mozambique's negative growth of 1.7% per annum. Angola, Lesotho, Malawi, Namibia, Swaziland and Zambia, while enjoying positive overall growth, have not yet attained positive per capita growth, although the shortfall has been decreasing over 1988-1990 (Ibid.: 9-10). Mozambique, by contrast, achieved positive per capita growth by early 1990—a remarkable achievement for this war-weary state (Green 1990b: 9). The sub-region's grain surplus is also unevenly distributed, with surpluses in Malawi, Tanzania and especially Zimbabwe offsetting deficits in Angola, Botswana, Lesotho, Mozambique, Namibia, Swaziland and Zambia. The threat of famine will hit hardest in Angola (with poor transportation links to the surplus producers) and Mozambique (with

little ability to finance imports, especially as international aid declines). Nonetheless, for a debt-distressed region which continues to face declining terms of trade, progress has been remarkable.

Peace Dividend: With a real decline in South Africa's military aggression in the region, and with good prospects for a post-*apartheid* South African government in 1993 or 1994, speculation about the size of the "peace dividend" for the region is growing. Angola, Mozambique and Zimbabwe have the most to gain. The cessation of a full-scale conventional war against openly intervening South African forces will save Angola about $1b per annum in defense expenditures while also permitting additional revenues of perhaps $100m in trade and $500m in exports.[3] If peace restores natural trade patterns to the sub-region (requiring about two years of railway reconstruction), Mozambique will gain about $250m per annum in trade transport revenue as well as save about $250-300m per annum in defence spending. In addition, the sale of electrical power from the Cahora Bassa dam to post-*apartheid* South Africa may generate $40m per annum. For Zimbabwe, a return to pre-1965 trade patterns, which sent 90% of non-South African regional trade through Mozambique—rather than 66% through South Africa—will save about $100m in transport costs. At the same time, the demobilization of 12,500 troops in Mozambique may free up to $400m in defense expenditures. The net effect for Zimbabwe would be a budgetary surplus (since the current account of the balance of payments is already in surplus) permitting more imports for a growing manufacturing sector.

Peace will bring the remaining SADCC countries smaller economic gains or (in the case of Lesotho) possible losses. Malawi will save about $30m in food, land and unemployment costs as 800,000 Mozambican refugees go home (Green 1990b: 21) and its transport premium of $150m—as 90% of present trade is routed illogically through South Africa rather than directly through Beira and Nacala—will disappear (Ibid.). Sending 250,000 refugees home will relieve Zambia of perhaps $15-20m per annum in refugee assistance while restored transport networks will save $25-30m per annum and secured borders with Angola, Mozambique and Namibia will save a further $100m per annum. For Tanzania, savings of about $125m per annum ($25m assisting refugees and $100m supporting 4,000 troops in Mozambique and 6,000 troops on the southern border) will be partially offset by losses in trade on its southern transportation links. Lesotho and Swaziland would save about $10m per annum in defense expenditures, but post-*apartheid* South Africa is unlikely to have room for Lesothan migrant labourers in its economy, entailing a loss of up to one-half of Lesotho's GDP. The economically efficient solution—full economic and political integration into South Africa—is probably psychologically unacceptable after more than a century of national opposition to its larger neighbour (Green 1990b: 8).

Table 9.3
Peace Dividend In Southern Africa

Country	Dividend ($ Millions)	Per capita ($)
Angola	1,600	168
Mozambique	540	36
Zimbabwe	500	55
Malawi	180	21
Zambia	140	18
Tanzania	100	4
Swaziland	10	13
Lesotho	10	6

Reconstruction: For Angola and Mozambique, savings in transport and excess defense expenditures will be consumed by resettlement and reconstruction costs, as both countries attempt to restore access to services and decrease inflated malnutrition and mortality rates—the continuing legacy of more than a decade of war. Namibia provides an example of the progress which is possible in a peace-time economy, as it has redirected government spending from defense (falling from about 11% to 5% of the total) to community services (increasing from 34% to 40%) with prospects for reducing morbidity, mortality and malnutrition rates significantly (Morgan 1990: 4). Yet with open employment running at about 30%, Namibia is struggling to absorb some 20,000 excombatants (through a combination of retraining and resettlement) and 15,000 noncombatant exiles (with perhaps 100,000 dependents) which have swelled the population seeking employment.

Progress will be most precarious in Mozambique, with only one-fifth of Namibia's GNP per capita and a peace dividend (about $36 per capita) which is half of Namibia's ($64) and a quarter of Angola's ($168). At the same time, Mozambique faces much greater costs than either Angola or Namibia, as 100,000 national and 25,000 rebel forces are demobilized (affecting about 500,000 dependents) (Green 1990a: 20) and over one million externally and five million internally displaced people return home. Resettlement costs may run as high as $500 per household for transport, basic capital inputs (seed, livestock, fertilizer), basic farming and building tools and food until the first harvest, with an additional cost of $100

Peace in Southern Africa may save the SADCC economies more than $3 billion a year in unproductive war-related expenditures

per household for rehabilitating rural infrastructure and restoring human capital investments (health and education facilities) (Ibid.: 22). In a country which has been locked in resistance or liberation movements for the past three decades, the transition to peacetime activities will be difficult. If it is managed badly, destitute ex-combatants will remain reliant on relief, with prolonged idleness and economic insecurity possibly resulting in residual free-lance banditry. That Mozambique in 1990 has experienced a 60-75% decline in war-time *emergencia* assistance (Ibid.: 16, 24)—which logically should go over to reconstruction in peacetime—bodes ill for the future. Angola, like Mozambique, will face resettlement and reconstruction costs of about $250-300m per annum over the next five years (Green 1990b: 19). But, with a higher GNP per capita, higher peace dividend and greater government revenues, it starts from a better position than Mozambique. Nonetheless, transferring war-related technical expertise to peace-time (development) uses will not be straightforward.

Nonetheless, rapid resettlement and rehabilitation in Southern Africa, even in peace-time, will require extensive external aid

Emerging Problems: Peace will force the region to face some tough questions. The chief among these concerns SADCC relations to post-*apartheid* South Africa. An urgent problem for Botswana, Malawi, Mozambique and especially Lesotho—countries which have a relatively high dependence on remittances from migrant labourers in South Africa—will be the prevention of massive economic dislocation if a majority government in South Africa expels transborder employment to reduce high domestic unemployment. This may affect as many as 700,000 workers and 3.5 million dependents. At the same time, if South Africa comes into the Preferential Trade Area (PTA) as a full partner, its economic hegemony threatens to submerge the independence of its neighbours. The half-belief that *apartheid* alone has obstructed natural Southern African trade patterns which would work to the benefit of all parties equally is obviously a vanity. On the other hand, if the SADCC ten stand together, South Africa should not be able to assert a dominant position. But it is uncertain whether SADCC solidarity will prevail: the economic ascendency of Zimbabwe within SADCC may lead to intra-SADCC rivalries as the common front of absolute opposition to South Africa dissolves.

Table 9.4
South Africa's Trade with Africa+
(Rand millions at 1984 prices)

Year	RSA Exports to Africa	RSA Imports from Africa
1984	890	404
1986	1790	630
1988	2800	870

+ Excluding Botswana, Lesotho and Swaziland
Source: Van Staden 1990: 26.

At the same time, violence has intensified in South Africa itself since the National Party initiated its reforms, with the government less and less able to control its own police and security forces. UNICEF work in a free South Africa will need to address situations already encountered in other contexts, including rapid urbanization; precarious social stability; massive unemployment and underemployment; low achievements in education and literacy; underfunded basic services with large inequalities in access; large numbers of children knowing little beyond the trauma of war; widespread child malnutrition and high infant and child mortality rates; family structures deformed over generations by the migrant labour system; alienation of agricultural land from rural producers; and rapidly-growing recorded incidence of HIV infection and AIDS (Morgan 1990: 5). Should dramatic constitutional changes be forged in violence, the country may be increasingly misshapen by war-induced capital flight, steady deterioration in the productive base, inefficient parallel bureaucracies supporting different racial and tribal groups plus continual diversion of government expenditures to military and security purposes.

Although the war in Southern Africa may be ending, the war's end will not be enough to undo its destructive legacy: for this rapid resettlement and rehabilitation will be critical. Zimbabwe, because it has pursued a conservative fiscal policy since independence, should be able to attract sufficient credit and investment flows in a peace-time environment for sustainable recovery. By contrast, Malawi, Tanzania, Zambia and especially Mozambique are in desperate need of external financing to sustain a broad rural recovery. Malawi's situation will improve as refugees leave the heavily-burdened border areas and Mozambican transport routes are restored, but these transitions will require two aid-financed years at a minimum. Tanzania will need help to reconstruct its transport and manufacturing sectors, which have been neglected for more than a decade. Zambia's jerky experience with a series of chronically underfunded adjustment programmes has worn out the patience of its population and, unless more stable financing becomes

available, may lead to political explosion. In brief, broad-based reconstruction in Southern Africa—even in peace-time—will require extensive external aid. Recurrent costs for basic services—water, health, education, sanitation—already strain national budgets: capital expenditures to repair and extend these services are completely out of reach. International aid advocates such as UNICEF must ensure that appropriate financing is forthcoming: we cannot afford to lose the best prospects for Southern Africa's recovery in more than a decade.

The Horn of Africa

Natural and Man-Made Emergencies: Complex man-made emergencies, together with widespread poverty, rapid population growth, abrupt climatic changes and over-exploited ecosystems, continue to ravage Ethiopia, Somalia, Sudan and Djibouti. These conditions have claimed about five million (mostly civilian) lives in the last three decades. Low per capita GNPs ($120 in Ethiopia and $170 in Somalia) and high military expenditures (67% of total government expenditures in Ethiopia and 56% in Somalia) have interrupted immunization programmes in large areas and squeezed access to basic services. Drought and war have driven millions of people (including many unaccompanied children) from their homes into already marginal environments, where resource depletion (particularly water and firewood) is increasingly critical. Record food deficits in 1990-91 have placed fourteen to fifteen million people at risk of starvation. Many people in the war- and drought-affected areas have withdrawn from productive labour and become reliant on outside relief. At the same time, decades of civil war and deteriorating economic performance have left large parts of Ethiopia, Somalia and Sudan practically ungovernable, with unofficial leaderships dislodging and replacing parallel official government structures in large parts of these countries. Moreover, because the govern-ments (or their adversaries) cannot or will not guarantee security, humanitarian aid has not been able to reach large parts of the populations they control.

The effort to establish national and household food security underlies many of the conflicts in the region. With populations growing at 3% per annum and food production per capita declining steadily (as a consequence of poor rainfalls, environmental degradation, export crop promotion, discriminatory pricing policies and inadequate markets and transport networks), the Horn suffers from chronic food deficits, making famine a regular visitor and motivating millions of people, past and present, to seek more fertile pastures. The search for food security motivated the Tigrean conflict, the resettlement programmes of Sudan, and the clashes between highland cultivators and lowland pastoralists as well as among different pastoralist groups. (The most serious clash at present is the fratricidal war between the Ogaden and Ishaq clans of Somalia, feuding for most of this century over the rich pastures of the Ethiopian Haud.)

Competition for deep sea ports and water resources also underlies regional conflicts. Maintaining access to the Red Sea through the port of Massawa is at the core of the Ethiopian-Eritrean conflict. The loss of Eritrea would leave Ethiopia landlocked—a condition endured for centuries but not readily embraced again. Similarly, the port of Djibouti is a potential flashpoint, as both Ethiopia and Somalia may reach for it when the opportunity arises. At the same time, since natural flows from the Ethiopian highlands are the primary source of irrigation water in Egypt, Sudan and Somalia, Ethiopia's announcement of its intention to divert these waters for irrigation purposes—together with its constant refusal to join regional agreements governing the use of Nile waters—has escalated tensions in the Horn, prompting Egypt to threaten war.

At the same time, economic and social policies have sharpened regional disparities and cultivated independence movements. Colonial policies continuing into the present elevated commercial agriculture to dominance in the Horn economies and favoured urban centres with service and administrative activities, spreading wealth very unevenly in otherwise destitute and underdeveloped regions. At the same time, state policies have impeded the natural and historical trade patterns in the region. The natural marketplace for Ogaden is northern Somalia, for lowland Eritrea it is eastern Sudan, for southern Sudan it is Uganda and for southernmost Ethiopia it is northern Somalia, yet the Horn's governments have, for fiscal and administrative reasons, channelled all trade through the centres of their respective states and attempted to block its unregulated flow across the borders. The consequence has been frequent market failures, very limited official trade and persistant unofficial trade through smuggling. Finally, the attempts of successive governments to mold their countries into a single ethnic and cultural tradition (Amharic and Christian in Ethiopia, Arabic and Islamic in Sudan) have backfired, creating a political climate which disvalues ethnic and cultural pluralism and provoking subordinate groups to assert their own cultural attributes and their own form of nationalism.

These ethnic rivalries have become more obvious since the Barre and Mengistu governments were overthrown. When Barre

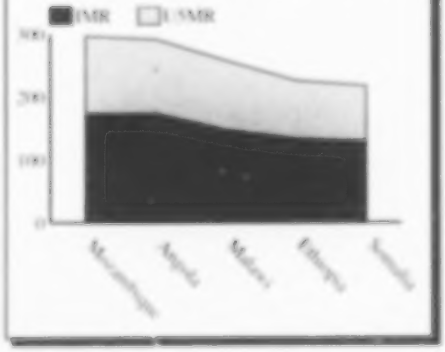
Complex man-made emergencies, aggravated by widespread poverty, rapid population growth and abrupt climatic changes, continue to ravage people in the Horn of Africa

withdrew to his home village (Garba Harre) in late January 1991, he left a devastated Somalia to be divided between three fractious clan-based rebel groups. With an arsenal of deadly Cold-War weapons, these groups have reduced large parts of the country to rubble in their battles for dominance. The Somali Patriot Movement (SPM), dominated by the Ogadeni tribe, now controls the southern part of Somalia. The Isaak-based Somali National Movement (SNM), now controlling the northern part of the country, has declared independence for the newly-formed republic of Somaliland and elected a provisional president. At the same time, the Hawiye-dominated United Somali Congress (USC), which controls Mogadiscio and its surroundings, claims to be the ruling party for the entire country. Even though most Somalis are culturally, linguistically and religiously united, clan rivalries run very deep and as a consequence prospects for unity appear very dim. As the search for unity continues, widespread looting and sporadic fighting have destroyed much of Somalia's infrastructure and impeded critically necessary humanitarian assistance. With growing scarcities of food, fuel, water and essential drugs, helpless Somalians are sinking deeper and deeper into disaster.

Ethnic rivalries in Ethiopia, Somalia and Sudan have inflated child mortality rates and reduced children's access to health and education services

In Ethiopia, Mengistu's flight to Zimbabwe (May 1991) precipitated the collapse of his army and the occupation of Addis Ababa by the Ethiopia People's Revolutionary Democratic Front (EPRDF). Although the occupation was effected rapidly and—by comparison to Mogadiscio's experience—with minimal violence, the presence of the Tigrean-dominated EPRDF in that mostly Amharic city may lead to serious clashes. Moreover, the Tigreans—who until recently espoused hardline communist principles—are not believed to support the independence movements of the other rebel groups, namely the Eritrean People's Liberation Front (EPLF), which now occupies the whole of Eritrea and has formed a provisional government pending a referendum on Eritrean independence, and the Oromo Liberation Front, which seeks autonomy or independence for a large part of southern Ethiopia. EPRDF intransigence may find support in the U.S. and the U.S.S.R. which now seem to agree that each of the Horn countries will find salvation in a loosely federated but nonetheless unitary political structure. For the U.S., this desire is especially strong with respect to Ethiopia, as an independent Eritrea with strong Arab links is seen as a threat to Red Sea shipping. But, after thirty years of civil war in a nation of more than seventy ethnic groups speaking more than one hundred languages, unity is likely to remain elusive.

Figure 9.3
Five Highest Infant and Child Mortality Rates in ESA (1989)



Mortality Rates: The human costs of these man-made emergencies—though difficult to estimate *in toto*—have been enormous. In Sudan, civil war between the Arab and Islamic North and the African, Christian and animist South—with neither side espousing separatist aims—has continued since June 1983, killing more than 500,000 people and disabling more than 50,000, with about 250,000 children dying in 1987 alone, when famine was exploited as a political weapon. In Ethiopia, more than 20,000 government troops have been killed on the Tigrean front since August 1989 and 30,000 government troops were killed during the EPLF seizure of Massawa in February 1990. In addition, large numbers of Ethiopian troops are prisoners of war, with 55,000 taken in 1989 alone (12,000 at Enda Selassie in February and 20,000 at Afabet in March). losses to the Tigrean People's Liberation Front (TPLF) and EPLF have also been high, with many amputees. At the same time, Mengistu's drive to create the largest standing army in sub-Saharan Africa (300,000 army and 150,000 militia fighting about 60,000 rebel troops) forced the government into seven conscription drives since 1983, with press-ganging and child conscription frequently reported.

Although there are no reliable estimates of "excess" infant and child rates, reported numbers suggest that they are heavily war-inflated. Infant and child mortality rates in the Horn are among the highest in ESA. Child malnutrition has also been extremely high, affecting 60% of the children in Ethiopia—10% severely—during the prolonged droughts of 1984-85 and continuing to threaten large numbers, especially as immunization rates are very low (between 6% and 26% for DPT over 1980-88). In the

Ethiopian famine of 1984-85, as many as 60% of child deaths were attributed to the combined effects of malnutrition and measles, an immunizable disease. Increased susceptibility to malaria and meningitis has also been reported, with Somalia and southern Sudan particularly at risk in 1991. At the same time, Ethiopians have the lowest life expectancy in ESA, with Somalis and Angolans coming in as close seconds. Finally, reflecting the scant attention which women's issues receive, maternal mortality rates in Ethiopia (2,000 per 100,000 live births) and Somalia (1,100) are the highest reported in the region by far. (Madagascar is a distant third at 378.) With women having more than six children on average, as many as one in eight women will die in childbirth. Since only 2% (Somalia) to 14% (Ethiopia) of births are attended by trained health personnel, the explanation for this statistic may not be far to seek.

Many deaths in the Horn result indirectly from the interruption of basic services and essential supplies. In 1985, only 27% of Somalis and 46% of Ethiopians had access to health services. In 1989-90, only 11% of Ethiopians had access to safe water and only 3% had access to adequate sanitation (the lowest rates in ESA). Net primary school enrolment in Somalia fell from an already low 25% (32% male and 18% female) in 1980 to an alarming 11% (14% male and 8% female) in 1985, the lowest in ESA, while adult literacy rates, at 12% (18% male and 6% female) in 1985, were the lowest in the world. These worsening educational trends can be traced back to a sharp decline in Somali government expenditures on education (12% in the 1970s, 6% in the 1980s and 2% in 1990). In southern Sudan, war has closed or destroyed over 83% of the schools, 45% of the health clinics and 25 of 31 hospitals. As a consequence, literacy rates in the region are a very low 15% and children's health has declined precipitously. Diarrhoea and measles remain the greatest killers of children in southern Sudan (28% and 26% respectively), pushing the under two mortality rate in the South to 234 per 1,000 live births—six times the rate in the North.

Refugees and Displaced Persons: In 1989, more than half of Africa's 4.8 million refugees were in the Horn, with 800,000 in Ethiopia, 840,000 in Somalia, 807,000 in Sudan and about 13,000 in Djibouti (Bakwesegha 1989: 65-66) and with each country reciprocally hosting its neighbor's refugees. Almost half of these were unaccompanied children. The 700,000 mostly Christian Ethiopians who have taken refuge in Muslim Sudan, where shari'a is law, live in suspended animation. Household surveys found that 30-50% of these refugees fled their homelands to escape war or war-related difficulties (e.g. conscription, destruction of property). About 75% are under 30 years old and uneducated. Incomplete family structures are common, resulting from divorce, breakdowns and missing spouses. Women, who head between 15% and 30% of the households, are unemployed about 2.5 times as frequently as men. About 40% of refugee children over five are working (Ibid.: 77).

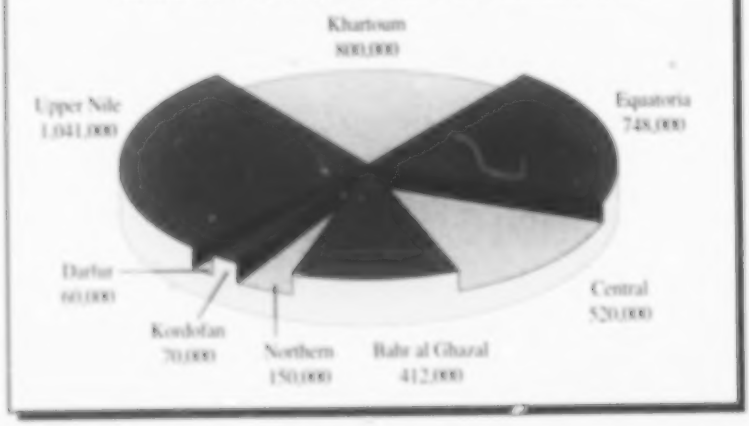
Table 9.5
Life Expectancy at Birth (years)
(Total/Male/Female 1988)

Ethiopia	41/40/43
Angola	45/43/46
Somalia	45/44/47
Mozambique	47/45/48
Malawi	47/47/48

Almost half of the Horn's 2.4 million refugees are unaccompanied children

Officially more than 350,000 people have fled Sudan (with the bulk going to Ethiopia (330,000), Uganda (22,000) and Kenya (1,300)) and about four million people—half of whom are children—have been displaced. Many of these are unskilled peasants or pastoralists who have lost their productive assets and migrated to economically stagnant refugee-saturated cities, with Khartoum sheltering 800,000 war-and drought-fleeing refugees (and about 40,000 street children) and the southern cities of Wau, Juba and Malakal collectively sheltering another 500,000, tripling their populations. Resettlement efforts—forcing people to start over, sometimes for the third time—have been unsuccessful as livestock herds are depleted, markets interrupted, government services almost non-existent and migratory routes cut off by security measures and agriculturalists. Southern (mostly Christian)

Figure 9.4
Distribution of Displaced Persons in Sudan (88/89)



children who take refuge in the Muslim north encounter special hardships. They are increasingly unwelcome in Khartoum: the Sudanese army drove 30,000 displaced persons out of Khartoum in October 1990 and food ration cards are generally unavailable to those who remain. A 1987 survey of children's health in 23 refugee communities surrounding Khartoum found that only 7% of the children were immunized and at least 23% were malnourished. At the same time, these children are effectively excluded from the education system as the North's language of instruction is Arabic and as enrolment regulations require students to show a birth certificate and records of previous education—items which they typically lack.

Between fourteen and fifteen million people—most of them children—presently risk starvation in the Horn

Impending Famine: With the Horn recording a huge food deficit this year, between fourteen and fifteen million people—the bulk of them children—presently risk starvation. In Sudan, failures of rainfall in Kordofan and annual flash-flooding in the Red Sea Hills—where 400,000 acres has not been planted for the first time in 96 years—appear to herald a 1.2 million tonne food deficit and the third famine in six years. As many as eight million people will be directly affected. Although the rains in southern Sudan have been more plentiful, destroyed transport networks and land mines blocking farming activities as well as pastoralist migrations have severely restricted rural production, forcing many people to rely on relief. Plans to transport food into Sudan (800,000 tonnes through Port Sudan and 300,000 tonnes through neighbouring Kenya) at an estimated cost of $180m have been repeatedly delayed, both as world attention was rivetted to the Gulf War and as the Government of Sudan refused to cooperate with relief efforts, preventing food relief from reaching parts of the Christian south and reputedly attacking food distribution centres controlled by the SPLA. Moreover, with grain pledges offsetting less than half of the total food deficit, there are real fears that the international community has responded to this crisis too late.

In Ethiopia, war-disrupted rural production and rainfall below one-tenth of the expected amount have opened a food deficit of 1.1m tonnes, leaving five to six million people in Northern Wollo, Tigray and Eritrea in need of emergency famine relief (food, fuel, building equipment, hospital and medical supplies). The destruction of food stockpiles in the 1990 battle for Massawa has needlessly aggravated this situation. Because many of the affected people live in or beyond contested areas, as in Sudan, there is some fear that UN relief operations will not be able to reach them (as rebel factions, by declining cooperation in the relief efforts, may create pockets of civilian hostages to the war effort in areas under their control). The EPLF's promise to open Massawa to relief operations has been a welcome signal, but war damage has reduced it to one-half its capacity. At the same time, the EPRDF in May 1991 could offer no assurances that the Addis Ababa airport or the roads between Addis Ababa and the port cities of Assab and Massawa could be secured and opened for relief purposes. As civil war has engulfed the entire country, international organizations have fled, bringing relief efforts to a virtual halt.

Heavily Damaged Infrastructure: Coinciding with the 1983 start of the present conflict in Sudan were a crippling structural adjustment programme, a two-year drought affecting seven million people and the introduction of Islamic law (shari'a). Together these led to a virtual collapse of the formal economy in the southern provinces of Equatoria, Upper Nile and Bahr el Ghazal, where the fighting has been heaviest. Major roads, bridges, railways and water transport routes have been rendered inoperable. Manufacturing in 1987 operated at 20-30% of capacity and all large-scale mechanized agriculature in the South has stopped. All major oil companies have withdrawn from oil-mining in the South, bringing losses of about $2m per day. Prospects for an economic recovery are very dim. As inflation reached 70% in 1988-89 and GDP fell to about $50 per capita, Sudan continued to suffer from U.S. and European Community economic embargoes imposed as a consequence of IMF disapproval, alleged human rights violations and the unremedied overthrow of an elected government. Only Iraq and Libya remain friendly to the government.

Before the collapse of Mengistu's army, both Tigray and Eritrea were at a virtual standstill during the day, with towns and markets active only between sunset and sunrise. The legacy of Mengistu's struggle to dominate Ethiopia's rebel groups is tragic, particularly as famine again visits the country. The Massawa-Asmara railway, which formerly carried 160,000 tons of cargo and 175,000 passengers annually, does not function any longer. The Addis-Asmara road is closed and the Addis-Djibouti and Addis-Assab roads are badly deteriorated. As early as February 1990, when the EPLF seized Massawa—the principal access to the war- and drought-affected areas—all ordinary relief efforts along the "northern line" were brought to a stop, necessitating a major UNEPPG-headed airlift to provide food to Asmara, the country's second major city and key industrial centre. With deteriorating water and electrical supplies, Asmara became a garrison city

relying on airlifts from Assab—until December 1990 Ethiopia's only operable port—to supply its food needs.

In an effort to ensure continued supplies in this difficult environment, a consortium of churches known as the Joint Relief Partnership (JRP) opened a "southern line", trucking food from the port of Assab to destinations in Northern Wollo and Tigray. While the JRP and other NGOs concentrate on the provision of food aid, UNICEF has assisted in the provision of non-food aid (e.g. tents, essential drugs, medical supplies, vaccines and immunization services). Many of these relief operations were suspended during and after the EPRDF assault on the capital. On the eastern borders, international NGOs, Rest (TPLF's relief wing), and the Eritrean Relief Association (EPLF) supported displaced persons in cross-border food aid operations from Sudan, but their capacity continues to shrink as Sudan faces its own food emergency and as civil unrest permeates that country. In addition, the suspension of UNHCR operations in Ethiopia following the collapse of Mengistu's regime has stranded some 980,000 Somali and Sudanese refugees who previously relied almost entirely on that agency's assistance.

The situation in Somalia—as the country slips into anarchy—is still bleaker. War activities in north, central and southern regions of the country, together with a collapsing economy, have resulted in massive dislocations, especially into Mogadiscio. UN food supply operations and emergency programmes focusing on nutrition, water and sanitation, immunization and basic health services have been suspended since December 1990. Furthermore, peace-time relief and development operations leading up to the war period were already very limited. UCI 1990 campaigns existed in only six regional capitals (Baidoa, Jowhar, Kismayo, Merka, Mogadiscio, and Beletweyne), leaving 75-80% of the population (including the very large nomadic population) with no coverage. At the same time, donor interest has dwindled precipitously since the end of the Cold War, with Italy and the UN—the only donors remaining in late 1990—both suspending activities in 1991.

UNICEF Initiatives

In regions such as the Horn and Southern Africa, a substantial part of UNICEF's work consists in emergency programmes extending non-food aid (health care, education, immunization, water and sanitation, supplementary feeding and family livelihood restoration) to war- and drought-affected women and children. While the provision of emergency food aid may be unconditionally necessary, it is not sufficient to ensure good health or even survival. In Ethiopia and Sudan, more child deaths are attributed to immunizable diseases (especially measles) and lack of clean drinking water than to starvation. Hence a monofocal injection of food aid into a complex emergency environment is severely unbalanced. Non-food aid is also critical and it is UNICEF's particular mandate to mobilize donors (who are typically more attentive to visible food aid requirements) to assist in the provision of the specialized staff and complex equipment which is necessary for such aid.

UNICEF must also respond to the particular needs of displaced and refugee children. To minimize the abnormalities in their situation, such children, ideally, should be fully socialized into foster homes in stable environments where they may have access to health, educational, and environmental services. Governments will rarely be able to accomplish this financially or logistically, especially when they are responsible for a very large number of displaced persons and already beset with immense civil problems causing such displacement. Hence, UNICEF must make special efforts to design appropriate and low-cost "normalized" environments for such children (necessarily with the support of international aid). At the same time, it must ensure that teachers and health workers who work with displaced children are highly motivated and sensitive to these children's needs.

For orphaned or abandoned children, tracing systems must be developed to promote early family reunions. As a preventive measure, family and community structures should be strengthened. Where war has left children physically and mentally disabled, rehabilitation services must be provided, with maternal and child care activities taking on a mental health component. Child soldiers, child prisoners of war and war-traumatized children (those who have been abducted or raped or forcibly separated from their parents) will also benefit from mental health programmes, as well as focused rehabilitation and recreation services.

As governments and rebel groups in the Horn are once again tempted to manipulate famine to their political and military advantage, UNICEF's notion of "Children as a Zone of Peace" must gain universal assent and compliance. UNICEF must seek and obtain the endorsement of all conflicting parties to its programmes to ensure effective and immediate responses to rapidly changing circumstances. Children must be excluded from military service and protected from terrorism and armed attack. Their families must not be broken up. They must continue

In addition to food aid, basic services are also needed to ensure survival and good health

Promoting the notion of "Children as a Zone of Peace", UNICEF attempts to protect services and institutions directed to children's needs

to have secure access to basic health and educational services. Even when they are shuffled between camps and subject to military control, their lives must be normalized as much as possible, with play and laughter. With war and drought subjecting children to a double hardship, UNICEF and other agencies must have the right to provide assistance to all needy women and children, without discrimination according to politics or localities. All of these "musts" do not express new demands: they merely repeat old resolutions already incorporated in international humanitarian laws, in their specific provisions protecting children. If these resolutions were fully observed, they would be adequate. "Children as a Zone of Peace" merely attempts to secure for children in armed conflict those protections which even their own governments agree are their legal right.

Where governments and rebel groups agree to honour the notion of Children as a Zone of Peace, further work needs to be done to identify the groups most significantly affected by armed conflict, to determine appropriate interventions (making maximum use of local resources and capabilities) and to integrate high priority needs into ongoing programmes. Continual consultations with military leaders, government officials and other persons with high national and local credibility will be necessary to ensure flexible responses to the emergency. Relief should be channeled through non-military and non-paramilitary organizations and linked to long-term CSPD programmes wherever possible. Collaboration with ICRC—which can be a valuable partner in emergency situations—as well as NGOs, other agencies and religious organizations should be sought and preserved. The provisions of international legal instruments (e.g. the Geneva Convention and the Convention on the Rights of the Child) should be used as advocacy tools. Wherever possible, institutions should receive training in disaster preparedness, with special focus on the needs of children.

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1. UNICEF, *Children on the Front Line III* (draft). All statistics in this publication—as in the ECA's *South Africa Destabilization* (October 1989)—are based on available data, which may be incomplete or outdated, and which frequently incorporate projections. Hence they represent orders of magnitude.

2. Tanzania is burdened with an additional 250,000 refugees from conflicts in Rwanda and Burundi.

3. Unless otherwise noted, all peace dividend estimates are derived from war expense estimates offered in United Nations Inter-Agency Task Force 1989.

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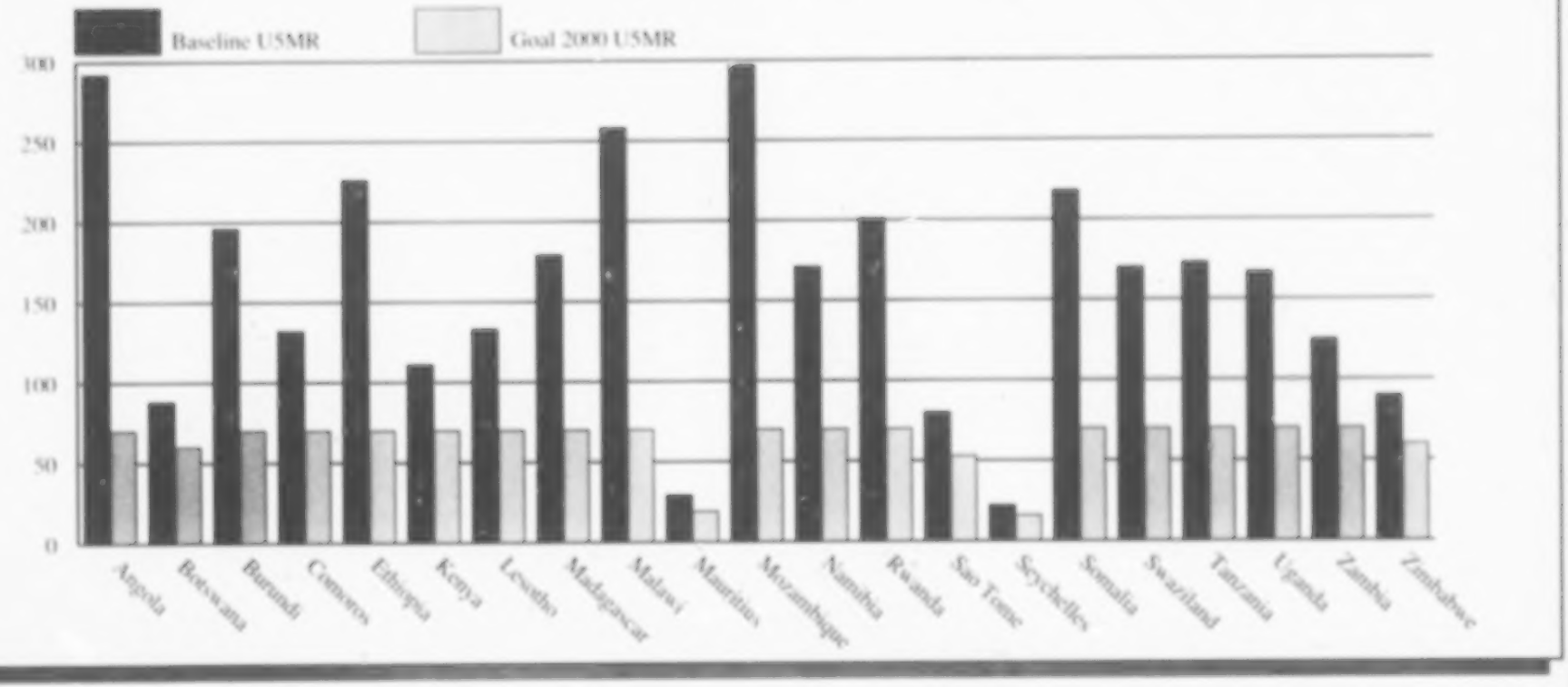
GOAL 2000: Reduction of Under Five Mortality Rate by One-Third of 1990 Levels or to 70 per 1,000 Live Births (whichever is less)



Under Five Mortality Rate (deaths of children under five per 1,000 live births)

	1980	1985	1986	1987	1988	1989	2000
Angola	261 af	281 a	238 f	288 cf	292 ac	292 c	70
Botswana	110 a	100 a	96 cf	95 cf	92 ac	88 c	58
Burundi	215 af	200 af	196 cf	192 cf	188 af	196 c	70
Comoros	152 a	137 a	132 cf	132 c	129 a	132 b	70
Ethiopia	260 a	264 a	255 cf	261 cf	259 a	226 c	70
Kenya	133 a	121 af	118 cf	116 cf	113 a	111 c	70
Lesotho	161 a	145 a	140 cf	139 cf	136 a	133 c	70
Madagascar	216 a	193 a	94 cf	187 cf	184 a	179 c	70
Malawi	300 a	276 a	270 cf	267 cf	262 af	258 c	70
Mauritius	42 af	32 af	30 ac	30 ac	29 a	29 c	19
Mozambique	268 a	284 a		295 c	297 a	297 c	70
Namibia	202 a	185 a			176 a	171 c	70
Rwanda	231 a	215 a	210 cf	209 cf	206 a	201 c	70
Sao Tome		91 ac	129 f	136 f		80 f	53
Seychelles	24 a	24 f	21 cf	21 cf	22 af		14
Somalia	247 a	232 a	255 cf	255 cf	221 a	218 c	70
Swaziland	200 af	183 af	178 cf	177 cf	174 a	170 c	70
Tanzania	201 af	185 a	179 cf	179 cf	176 a	173 c	70
Uganda	187 a	178 af	174 cf	172 cf	169 a	167 c	70
Zambia	146 a	135 af	132 cf	130 cf	127 a	125 c	70
Zimbabwe	132 af	121 af	118 cf	116 cf	113 a	90 c	60

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
( ) Less than half the unit shown
e Estimate

GOAL 2000: Reduction of Infant Mortality Rate by One-Third of 1990 Levels or to 50 per 1,000 Live Births (whichever is less)

Infant Mortality Rate (deaths of children under one per 1,000 live births)

	1980	1985	1986	1987	1988	1989	2000
Angola	155 a	166 a	140 f	169 cf	173 a	173 c	50
Botswana	79 af	71 a	69 cf	68 cf	66 ac	64 c	42
Burundi	127 af	118 af	116 cf	113 cf	111 af	116 c	50
Comoros	93 a	84 af	81 cf	114 b	79 a	96 c	50
Ethiopia	154 a	156 a	151 cf	155 cf	153 a	133 c	50
Kenya	84 af	76 af	74 cf	73 cf	71 a	70 c	46
Lesotho	117 af	105 a	102 cf	101 cf	99 a	97 c	50
Madagascar	140 a	125 a	61 cf	121 cf	119 a	117 c	50
Malawi	170 af	156 a	153 cf	151 cf	149 a	147 c	50
Mauritius	33 af	25 a	24 cf	24 cf	22 af	22 c	14
Mozambique	157 a	166 a		170 c	173 a	173 c	50
Namibia	121 a	111 a			105 a	103 c	50
Rwanda	136 af	127 af	124 cf	123 cf	121 a	119 c	50
Sao Tome	80 a	66 a	76 f	56 f	70 f	49 c*	32
Seychelles	18 a	18 f	17 c	17 c	17 af	18 c*	12
Somalia	146 a	137 a	151 cf	133 cf	131 a	129 c	50
Swaziland	134 af	123 a	120 cf	139 cf	117 a	115 c	50
Tanzania	120 af	110 a	107 cf	107 cf	105 a	103 c	50
Uganda	113 af	107 a	105 cf	104 cf	102 a	100 c	50
Zambia	91 af	84 af	82 cf	81 cf	79 a	78 c	50
Zimbabwe	83 af	76 af	74 cf	73 cf	71 a	63 c	42

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
. Estimate

Births (thousands)

	1980	1985	1986	1987	1988	1989	1990
Angola	364 a	416 a			450 a	460 c	
Botswana	45 a	52 a			57 a	61 c	
Burundi	199 a	220 a			236 a	254 c	
Comoros	18 a	21 a	21 b	19 b	22 a	19 b	
Ethiopia	1753 a	1844 a			2019 a	2383 c	
Kenya	905 a	1111 a		1100 b	1238 a	1062 c	
Lesotho	56 a	64 a	65 b		68 a	70 c	
Madagascar	404 a	471 a		501 b	516 a	532 c	
Malawi	326 a	382 a			419 a	475 c	
Mauritius	23 a	21 a			21 a	19 c	
Mozambique	552 a	626 a		672 b	669 a	683 c	
Namibia	59 a	68 a				76 c	58 f+
Rwanda	273 a	317 a			347 a	356 c	
Sao Tome	4 f	4 f				4 f	
Seychelles	1.8 a	1.7 a			1.6 a		
Somalia	283 a	336 a		347 b	353 a	358 c	
Swaziland	27 a	32 a		34 b	35 a		
Tanzania	969 a	1159 a			1291 a	1329 c	
Uganda	665 a	785 a			868 a	942 c	
Zambia	299 a	360 a			400 a	417 c	
Zimbabwe	311 a	352 a			380 a	389 c	

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
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g) UNESCO Statistical Yearbook 1990

Symbols:
+ From a year other than the year shown
(.) Less than half the unit shown
+ Estimate

Under Five Deaths (thousands)

	1980	1985	1986	1987	1988	1989	1990
Angola	95 a	117 a			131 a	134 c	
Botswana	5 a	5.2 a		5.2 b	5.2 a	5 c	
Burundi	43 a	44 a			44 a	80 c	
Comoros	2.7 a	2.8 a	2.8 b	2.9 b	2.9 a		
Ethiopia	456 a	487 a			523 a	539 c	
Kenya	120 a	134 a		139 b	140 a	118 c	
Lesotho	9.1 a	9.3 a	9.1 b		9.3 a	9 c	
Madagascar	87 a	91 a		94 b	95 a	95 c	
Malawi	98 a	105 a			110 a	123 c	173 b
Mauritius	1 a	0.7 a		0.6 b	0.6 a	1 c	
Mozambique	148 a	178 a		235 b	199 a	203 c	
Namibia	12 a	12 a				13 c	6 fe
Rwanda	63 a	68 a			71 a	72 c	
Sao Tome				2 f			
Seychelles	0.3 a				0.3 a		
Somalia	70 a	78 a		78 b	78 a	78 c	
Swaziland	5.4 a	5.8 a		6 b	6 a		
Tanzania	195 a	214 a			227 a	230 c	
Uganda	124 a	140 a			147 a	157 c	
Zambia	44 a	49 a			51 a	52 c	
Zimbabwe	41 a	43 a			43 a	35 c	

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
e Estimate

Infant Deaths (thousands)

	1980	1985	1986	1987	1988	1989	1990
Angola	56 a	69 a			78 a	80 a	
Botswana	3.6 a	3.7 a		3.7 b	3.7 a	3.8 a	
Burundi	25 a	26 a			26 a	29 a	
Comoros	1.7 a	1.7 a	1.7 b	1.8 b	1.8 a	2.2 b	
Ethiopia	270 a	288 a			299 a	301 b	
Kenya	76 a	84 a		85 b	88 a	76 a	
Lesotho	6.6 a	6.7 a	6.6 b		6.8 a	6.8 a	
Madagascar	57 a	59 a		61 b	61 a	62 a	
Malawi	55 a	60 a			62 a	70 a	67 b
Mauritius	0.8 a	0.5 a			0.4 b	0.5 b	
Mozambique	87 a	104 a		134 b	116 a	118 a	
Namibia	7.1 a	7.5 a				7.7 a	1 f+
Rwanda	57 a	40 a			42 a		
Sao Tome	1.1 a					1.1 f	
Seychelles					1.1 a		
Somalia	41 a	46 a		46 b	46 a	46 a	
Swaziland	3.6 a	3.9 a		4 b	4 a	4.1 a	
Tanzania	116 a	127 a			136 a	138 a	
Uganda	75 a	84 a			89 a	95 a	
Zambia	27 a	30 a			32 a	33 a	
Zimbabwe	26 a	27 a			27 a	25 a	

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990/91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988/91)
d) World Development Report (1987/90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
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Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
+ Estimate

Mothers Breast-Feeding at 3/6/12 Months

	1980	1985	1986	1987	1988	1989	1990
Angola	— 96 — a	— 91 — a					
Botswana	97 90 75 f	97 90 75 f	97 90 75 f				
Burundi	— 95 90 a			— 95 90 a	— 95 90 f		
Comoros				96 — — b			
Ethiopia	— 97 95 f	— 97 95 f			98 97 93 b		
Kenya	89 84 44 f	89 84 44 f	89 84 44 f				
Lesotho		— 87 — a					
Madagascar	95 95 85 af	95 95 85 f	95 95 85 f	95 95 85 f			— — 85 b
Malawi	— — 95 f		— — 95 af			92 — — f	
Mauritius	79 55 40 f	59 49 38 f	59 49 38 f				
Mozambique				99 96 — a			
Namibia				98 88 73 b*		98 88 73 a*	
Rwanda	94 85 74 f	97 97 74 a	97 97 74 f				
Sao Tome		88 85 30 af					
Seychelles	80 40 10 af	— 55 — af					
Somalia		92 78 54 af	92 78 54 f				
Swaziland		98 91 81 a					
Tanzania	100 90 70 f		100 90 70 f	100 90 70 a			
Uganda	85 70 20 af	85 70 20 f	85 70 20 f		90 — — f		
Zambia		— — 93 af	— — 93 f				
Zimbabwe		98 96 84 af	98 96 54 f		95 82 52 b		

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
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Symbols:
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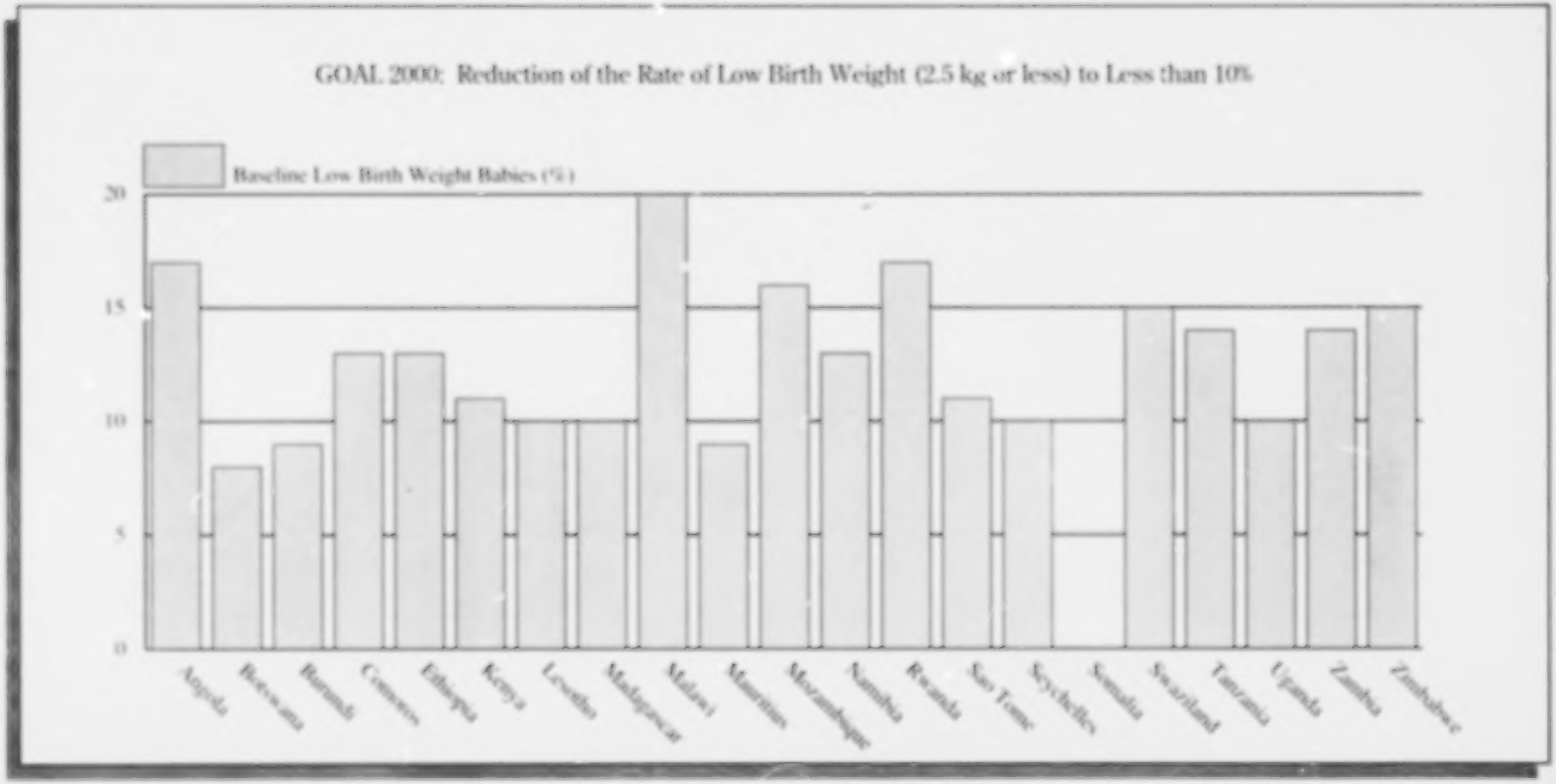
(.) Less than half the unit shown
+ Estimate


GOAL 2000: Reduction of the Rate of Low Birth Weight (2.5 kg or less) to Less than 10%
Baseline Low Birth Weight Babies (%)
20
15
10
5
0
Angola
Botswana
Burundi
Comoros
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mauritius
Mozambique
Namibia
Rwanda
Sao Tome
Seychelles
Somalia
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe

Babies with Low Birth Weight (2.5 kg or less) (%)

	1980	1985	1986	1987	1988	1989	1990
Angola	19 a	17 af	21 f	24 f	17 af		
Botswana		8 c*	8 af	8 ab			
Burundi	14 f	14 c*		14 f	9 a		
Comoros			14 a			13 b	
Ethiopia	13 f	13 f					
Kenya	18 f	13 f		11 b			
Lesotho	15 a*	11 a	10 c*				
Madagascar	10 f	11 f	10 f	10 f	10 a		
Malawi	12 f	10 f	10 f	20 a			
Mauritius	11 a*	9 f		9 f	9 a		
Mozambique	16 a*	15 c*		20 a	16 f		
Namibia							13 fe
Rwanda	17 f	17 c*		17 f			
Sao Tome		8 f	7 f	8 f	11 f		
Seychelles		10 f	10 f				
Somalia							
Swaziland		15 bf					
Tanzania	11 a*	14 f		14 f	14 a		
Uganda		10 f		10 f	10 b		
Zambia	14 a*						
Zimbabwe	15 f	15 f		15 f			

Sources:
- a: Statistics on Children in UNICEF Assisted Countries (1990-91)
- b: UNICEF Annual Reports 1990
- c: The State of the World's Children (1990-91)
- d: World Development Report (1987-90)
- e: Sub Saharan Africa: From Crisis to Sustainable Growth
- f: Regional Information System data (from UNICEF country offices)
- g: UNESCO Statistical Yearbook 1990

Symbols:
- *: From a year other than the year shown
- (.): Less than half the unit shown
- e: Estimate

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GOAL 2000: Reduction of Malnutrition by One-Half of 1990 Levels
Baseline
Moderate & Severe Malnutrition (%)
Baseline
Severe Malnutrition (%)
Goal 2000
Moderate & Severe Malnutrition (%)
60
50
40
30
20
10
0
Angola
Botswana
Burundi
Comoros
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mauritius
Mozambique
Namibia
Rwanda
Sao Tome
Seychelles
Somalia
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe

Children under Five Suffering From Moderate and Severe/Severe Malnutrition (% underweight)

	1980	1985	1986	1987	1988	1989	1990
Angola							
Botswana		15 — a/*				15 — c*	
Burundi	— 3 a	30 5 c*		15 — a		38 10 c*	
Comoros	30 8 a						
Ethiopia		60 10 c*			24 6 b*	38 — c*	
Kenya	— 2 a	30 2 c					
Lesotho	16 2 a*					16 2 c*	
Madagascar		33 8 a*				33 8 c*	
Malawi	22 — a*	30 — c*				24 — c*	
Mauritius		24 7 a		25 7 b			
Mozambique		57 8 a*				57 8 c*	
Namibia						30 6 ab*	30 6 f+
Rwanda		28 6 a					
Sao Tome							
Seychelles	— 1 a				6 — a		
Somalia		7 1 c*		8 1 a			
Swaziland		10 — b*					
Tanzania		42 6 c*		48 6 a		48 6 c*	
Uganda	— 4 a	15 4 c*			23 8 b	23 5 c*	
Zambia		28 — a*				28 — c*	
Zimbabwe					12 — a	12 2 c*	

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
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(.) Less than half the unit shown
+ Estimate

Prevalence of Wasting (children below minus two standard deviations from median weight for height)

	1980	1985	1986	1987	1988	1989	1990
Angola							
Botswana	19 a	19 cf	6 a				
Burundi	36 f	36 f	36 f	10 a	10 f		
Comoros				14 b			
Ethiopia	36 f	36 f	36 f	19 f	20 b		
Kenya	8 f	8 f	10 f	10 f			
Lesotho	7 f	7 f	7 f	7 f			
Madagascar	8 f	8 f	10 f	10 f			
Malawi	28 f	8 a	28 f	8 f			
Mauritius		16 a	20 b	20 f			
Mozambique							
Namibia				17 b		17 a*	9 fe
Rwanda	23 af	23 f	23 f	23 f			
Sao Tome							
Seychelles	5 f	5 f			5 a		
Somalia	64 f						
Swaziland		10 f					
Tanzania		17 f	17 f	17 f	17 a		
Uganda		3 af		3 f	4 f		
Zambia	47 f			12 f			
Zimbabwe	9 bf				1 a		

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
0.0 Less than half the unit shown
e Estimate

Prevalence of Stunting (children below minus two standard deviations from median height for age)

	1980	1985	1986	1987	1988	1989	1990
Angola							
Botswana	51 a	51 c	25 a				
Burundi	52 f			60 a*	60 f		
Comoros							
Ethiopia	30 f						
Kenya	42 a*						
Lesotho	23 a*			23 f			
Madagascar		41 a*					
Malawi	55 f	61 af	61 f				
Mauritius		22 a					
Mozambique							
Namibia				32.4 b		32 a*	30 fe
Rwanda	39 f						
Sao Tome			41 f				
Seychelles	42 f	42 f			7 a		
Somalia	27 f			27 f			
Swaziland		30 f					
Tanzania					38 b		
Uganda		32 af		27 f			
Zambia				41 f			
Zimbabwe	28 b*				29 a		

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
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f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
e Estimate

Daily Per Capita Calorie Intake (% requirements)

	1980	1985	1986	1987	1988	1989	1990
Angola	92 a	86 cf		83 f			
Botswana	94 f	95 cf	98 f				
Burundi	101 a	99 cf			97 f		
Comoros	89 a	80 f	82 f				
Ethiopia	77 a	94 cf			60 b		
Kenya	95 a	87 cf					
Lesotho	103 a	101 ac					
Madagascar	109 af	111 cf	109 b	102 f			
Malawi	104 a	95 f	102 f				
Mauritius	120 a	118 cf					
Mozambique	77 a	69 a					
Namibia	84 a	82 a					
Rwanda	89 a	87 cf					
Sao Tome	99 a	105 f					
Seychelles							
Somalia	90 a	91 cf					
Swaziland	108 af	105 af					
Tanzania	98 a	99 cf					
Uganda	92 a		99 d		95 b		
Zambia	95 a	85 cf					
Zimbabwe	90 a	84 cf	84 f				

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
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e) Sub-Saharan Africa: From Crisis to Sustainable Growth
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g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
e Estimate

Food Production Per Capita Index (1979-81 = 100)

	1980	1985	1986	1987	1988	1989	1990 *
Angola	101 a	102 c*	87 c	87 d	85 ac	80 c	
Botswana	88 a	96 c*	78 c	75 a	75 c	69 c	
Burundi	97 a	106 c*	97 c		102 a	88 c	
Comoros	105 a				97 a		
Ethiopia	99 a	97 c*	88 c		94 a	91 c	
Kenya	98 a	99 c*	93 c	102 b	90 a	103 c	
Lesotho	98 a	93 c*	79 c		86 a	72 c	
Madagascar	102 a	112 c*	96 c		91 a	92 c	
Malawi	98 a	105 c*	88 c		83 a	86 c	
Mauritius	87 a	105 c*	107 c		99 a	94 c	
Mozambique	100 a	98 c*	85 c		84 a	82 c	
Namibia	99 a				98 a	92 c	
Rwanda	98 a	106 c*	87 c		75 a	72 c	
Sao Tome	93 a	68 a					
Seychelles							
Somalia	100 a	102 c*	91 c		98 a	97 c	
Swaziland	103 a			102 a			
Tanzania	97 a	108 c*	92 c		86 a	90 c	
Uganda	98 a	125 c*	129 c	121 d	82 a	85 c	
Zambia	103 a		96 c		92 a	96 c	
Zimbabwe	91 a		100 c	66 b	97 a	94 c	

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
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e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
e Estimate

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Household Income Spent on All Food/Cereals (%)

	1980-1985		
Angola			
Botswana	35	15	a*
Burundi			
Comoros			
Ethiopia	50	24	c
Kenya	42	18	a*
Lesotho			
Madagascar	58	22	a*
Malawi	55	28	a*
Mauritius	20	4	a*
Mozambique			
Namibia			
Rwanda	29	10	a*
Sao Tome			
Seychelles			
Somalia			
Swaziland	—	30	b
Tanzania	62	30	a*
Uganda			
Zambia	50	13	a*
Zimbabwe	43	9	a*

Household Income Spent on Health/Education (%)

	1980-1985		
Angola			
Botswana	4	9	a
Burundi			
Comoros			
Ethiopia	3	2	a
Kenya	—	2	a
Lesotho			
Madagascar	1	6	a
Malawi	3	4	a
Mauritius	13	5	a
Mozambique			
Namibia			
Rwanda	4	4	a
Sao Tome			
Seychelles			
Somalia			
Swaziland			
Tanzania	1	5	a
Uganda			
Zambia	5	6	a
Zimbabwe	—	8	a

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
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Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
e Estimate

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Access to Health Services (% population) (total/urban/rural)

	1980	1985	1986	1987	1988	1989	1990
Angola	89 100 8 a		30 — — c				
Botswana	20 — — a		89 100 85 c				
Burundi		61 — — a					
Comoros		82 — — a		83 — — b		83 — — b	
Ethiopia			46 — — a			46 100 39 b	
Kenya		42 — — a		42 — — b			
Lesotho		80 — — a					
Madagascar	60 — — ac		56 — — ac				
Malawi		80 — — a					
Mauritius	60 — — a	100 100 100 a		100 100 100 b			
Mozambique	30 — — a		39 100 30 c*		39 100 30 b		
Namibia							
Rwanda	27 60 25 a						
Sao Tome		80 100 69 a					
Seychelles		100 — — a*					
Somalia	— — — 15 a	27 50 15 a*					
Swaziland		80 — — b		80 — — a			
Tanzania	76 99 72 a						
Uganda	61 90 57 a			57 — — b*			
Zambia		75 100 50 a*					
Zimbabwe		71 100 62 a*					

Sources:
- a: Statistics on Children in UNICEF-Assisted Countries (1990-91)
- b: UNICEF Annual Reports 1990
- c: The State of the World's Children (1988-91)
- d: World Development Report (1987-90)
- e: Sub-Saharan Africa: From Crisis to Sustainable Growth
- f: Regional Information System data (from UNICEF country offices)
- g: UNESCO Statistical Yearbook 1990

Symbols:
- *: From a year other than the year shown
- (.): Less than half the unit shown
- e: Estimate

GOAL 2000: Universal Access to Safe Drinking Water
Baseline Urban Population with Access to Safe Water (%)
Baseline Rural Population with Access to Safe Water (%)
100
80
60
40
20
0
Angola
Botswana
Burundi
Comoros
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mauritius
Mozambique
Namibia
Rwanda
Sao Tome
Seychelles
Somalia
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe

Access to Safe Water (% population) (total/urban/rural)

	1980	1985	1986	1987	1988	1989	1990
Angola	21 85 10 af	30 87 15 a	30 85 15 c	32 90 12 f	— 80 15 f		
Botswana		65 98 47 c	54 84 46 ac	57 98 47 f			
Burundi	23 90 20 af	26 98 21 af		39 94 22 f			
Comoros	28 53 20 af			20 11 32 bf		— 11 32 b	
Ethiopia		6 80 5 f	16 69 9 f		16 74 11 a		
Kenya	26 85 15 af	30 61 21 f	28 61 21 f	28 61 21 f	35 75 26 b	36 75 26 b	
Lesotho	14 37 11 cf	36 65 30 cf		14 37 11 f			
Madagascar	20 80 7 a	32 81 17 a	23 73 9 f	18 — — f	18 17 2 f		
Malawi	41 77 37 af	56 97 50 af	51 66 49 f	51 66 49 f			
Mauritius	95 95 95 af	100 100 100 a	100 100 100 f	100 100 100 b			
Mozambique	13 50 7 a	16 38 9 a		13 — — f	16 40 4 f		
Namibia		64 98 30 f*					
Rwanda	55 48 55 af	50 79 48 af		59 55 60 f	51 55 51 f		
Sao Tome	82 95 79 a*						
Seychelles	79 — — af	83 — 95 af	83 — — f				
Somalia	32 60 20 af	34 58 22 af		36 65 21 f			
Swaziland	43 75 35 af	34 100 7 f		50 100 30 a			
Tanzania	49 90 41 af	56 90 42 af		50 88 39 f			
Uganda	— — 5 f	20 37 18 a		16 45 13 f			
Zambia	42 — — f	59 76 41 af	47 65 53 f	47 65 53 f			
Zimbabwe	52 — — af	— — 32 a	52 — — f	52 — — f			

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1989-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
+ Estimate

123

123

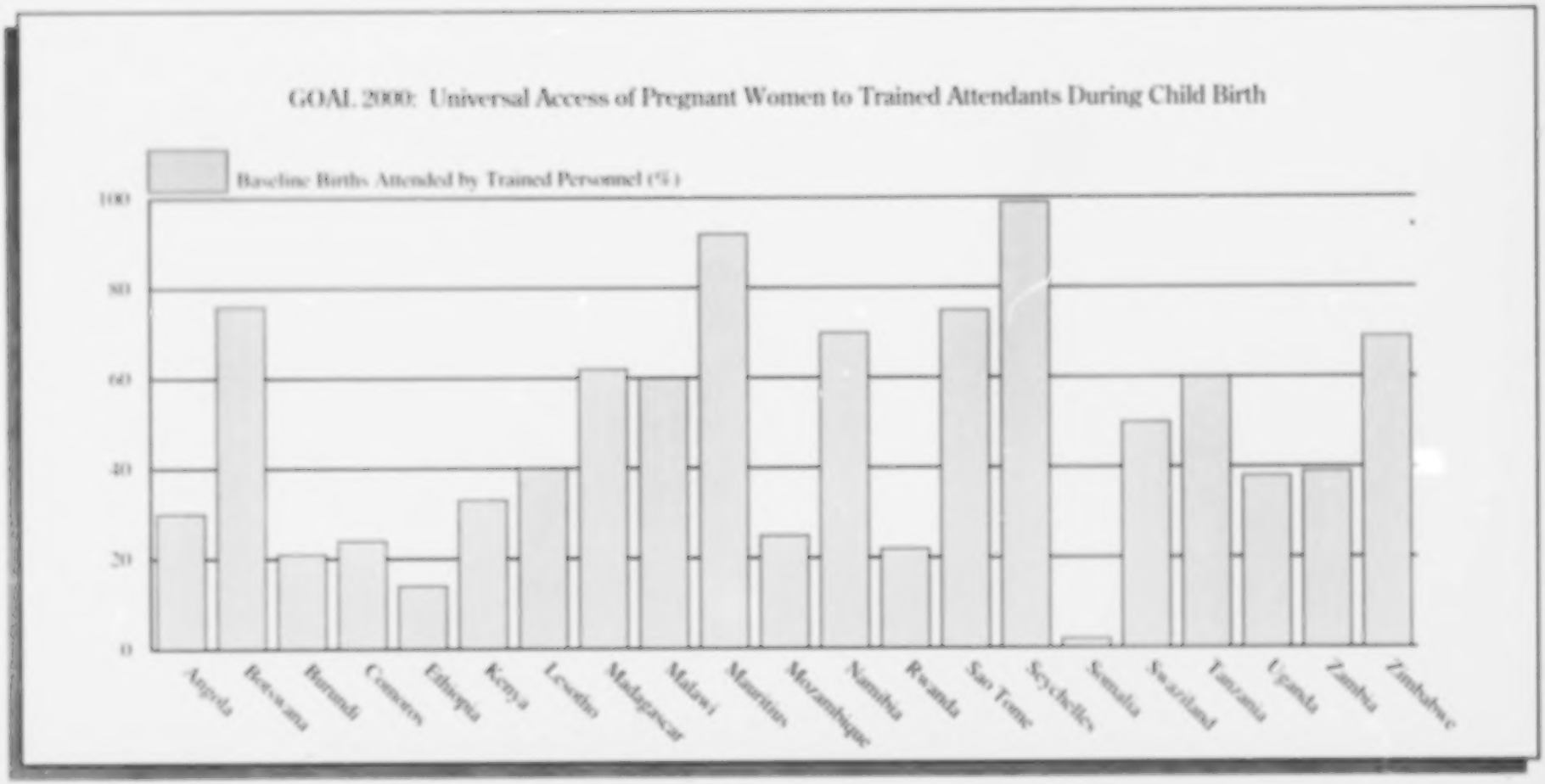
GOAL 2000: Universal Access to Adequate Sanitation
Baseline
Urban Population with Access to Adequate Sanitation (%)
Baseline
Rural Population with Access to Adequate Sanitation (%)
100
80
60
40
20
0
Angola
Botswana
Burundi
Comoros
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mauritius
Mozambique
Namibia
Rwanda
Sao Tome
Seychelles
Somalia
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe

Access to Adequate Sanitation (% population) (total/urban/rural)

	1980				1985				1986				1987				1988				1989				1990			
Angola	22	40	15	a	19	29	16	a																				
Botswana									42	93	28	a																
Burundi	35	40	35	a	58	84	56	a																				
Comoros													—	20	10	b									—	20	10	b
Ethiopia					—	96	—	a																				
Kenya	34	89	19	a																								
Lesotho	14	13	14	a	15	22	14	a																				
Madagascar	—	9	—	a																								
Malawi	84	100	81	a																								
Mauritius	94	100	90	a	92	100	86	a					92	100	86	b	99	100	98	b	99	100	98	b				
Mozambique					21	53	12	a																				
Namibia					23	36	10	f*																				
Rwanda	51	60	50	a	57	77	55	a																				
Sao Tome					—	—	15	a																				
Seychelles																												
Somalia					18	44	5	a																				
Swaziland					47	100	25	a																				
Tanzania					68	93	58	a																				
Uganda					80	32	80	a					80	32	80	b												
Zambia					56	76	34	a																				
Zimbabwe					—	—	15	a																				

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
e Estimate

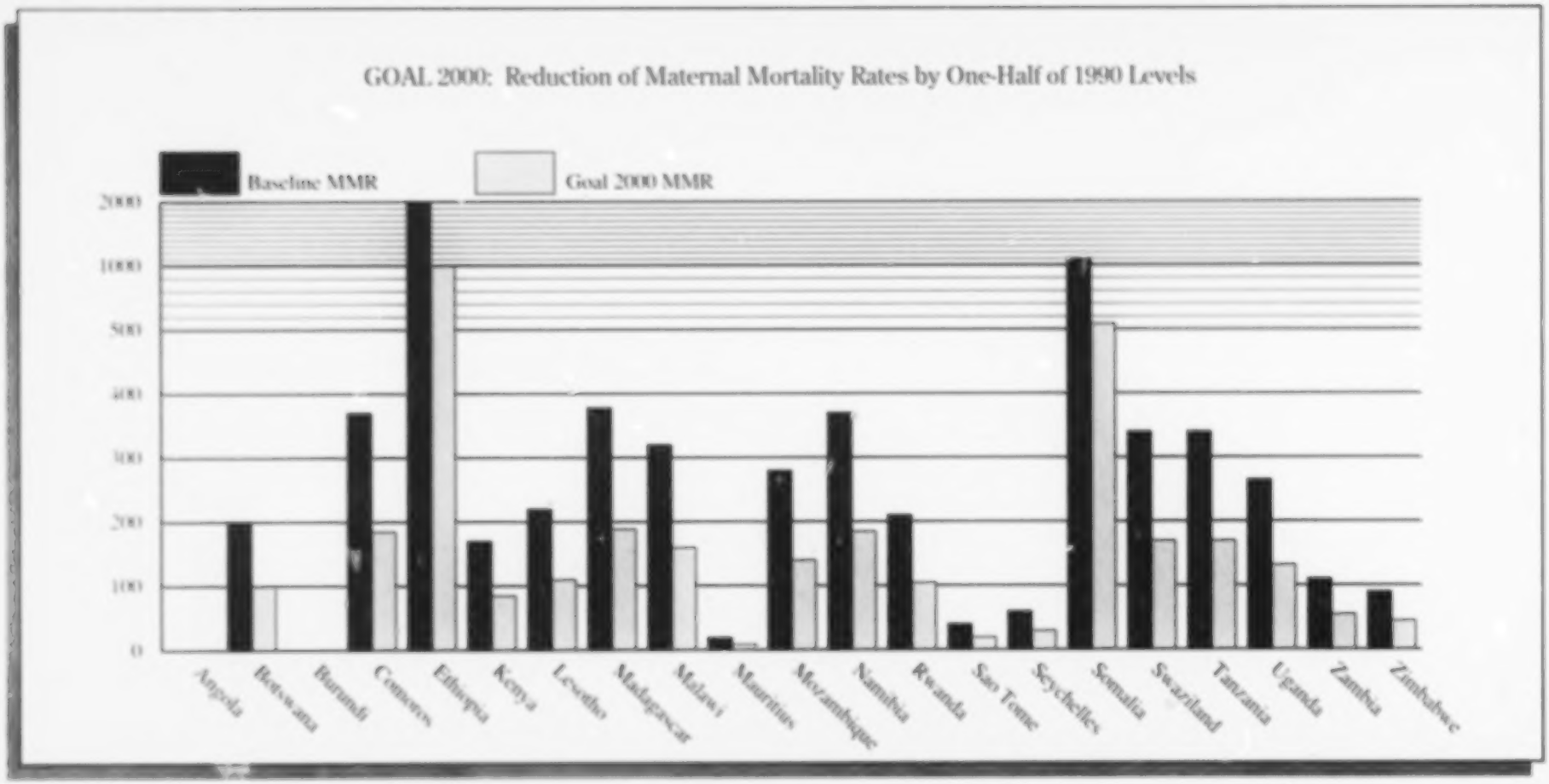

GOAL 2000: Universal Access of Pregnant Women to Trained Attendants During Child Birth
Baseline Births Attended by Trained Personnel (%)
100
80
60
40
20
0
Angola
Botswana
Burundi
Comoros
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mauritius
Mozambique
Namibia
Rwanda
Sao Tome
Seychelles
Somalia
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe

Births Attended by Trained Personnel (%)

	1980	1985	1986	1987	1988	1989	1990
Angola		15 a,e,f				30 f	
Botswana		52 c			77 a	76 b	
Burundi	12 f	21 a		21 f			
Comoros	24 a	20 b*			24 a		
Ethiopia		58 c*			14 a		
Kenya		28 a*		33 b			
Lesotho		28 c*			40 a		
Madagascar		62 af*					
Malawi		59 c*	38 f	41 f	45 a*	60 f	
Mauritius	90 a*	84 c*	98 f	90 b	85 a*	92 b	
Mozambique		28 c*			25 af		
Namibia							70 f*
Rwanda	5 f	21 f	32 f	32 f	22 a		
Sao Tome				86 f		75 f	
Seychelles		99 a*					
Somalia	11 a*	2 c*			2 a		
Swaziland		59 a					
Tanzania		74 c*	74 f		60 a		
Uganda			45 a*	45 b*		38 f*	
Zambia			39 a				
Zimbabwe	37 a	69 a*					

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
e Estimate


GOAL 2000: Reduction of Maternal Mortality Rates by One-Half of 1990 Levels
Baseline MMR
Goal 2000 MMR
2000
1000
500
400
300
200
100
0
Angola
Botswana
Burundi
Comoros
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mauritius
Mozambique
Namibia
Rwanda
Sao Tome
Seychelles
Somalia
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe

Maternal Mortality Rate (deaths of women from pregnancy-related causes per 100,000 live births)

	1980	1985	1986	1987	1988	1989	1990
Angola							
Botswana	250 a	300 f			200 f	200 b	
Burundi							
Comoros				370 b		370 b	
Ethiopia	2000 f	2000 f					
Kenya	168 f			170 f			
Lesotho		220 b*					
Madagascar	240 a*	300 f	300 f	350 b		378 b	
Malawi	250 f	100 a		250 f		320 f	
Mauritius	52 f	100 a		99 f	45 f	19 b	
Mozambique	300 f*				280 f		
Namibia				371 b*		370 af*	
Rwanda	210 f						
Sao Tome		80 f	70 f	100 f	40 f		
Seychelles				60 a			
Somalia	1100 f	1100 f					
Swaziland	370 c*	340 a					
Tanzania			340 b				
Uganda	300 f	377 f	391 f	265 b			
Zambia	109 f		156 f	110 f			
Zimbabwe	145 f			150 f	90 b		

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
+ Estimate

IMMUNIZATION GOALS FOR THE YEAR 2000:

Maintenance of a High Rate of Immunization Coverage
(at least 90% of children under one)
Against Tuberculosis, Diphtheria, Pertussis, Tetanus, Measles and Poliomyelitus
and Against Tetanus for Women of Child-Bearing Age

Global Elimination of Neonatal Tetanus (by the year 1995)

Global Elimination of Poliomyelitus

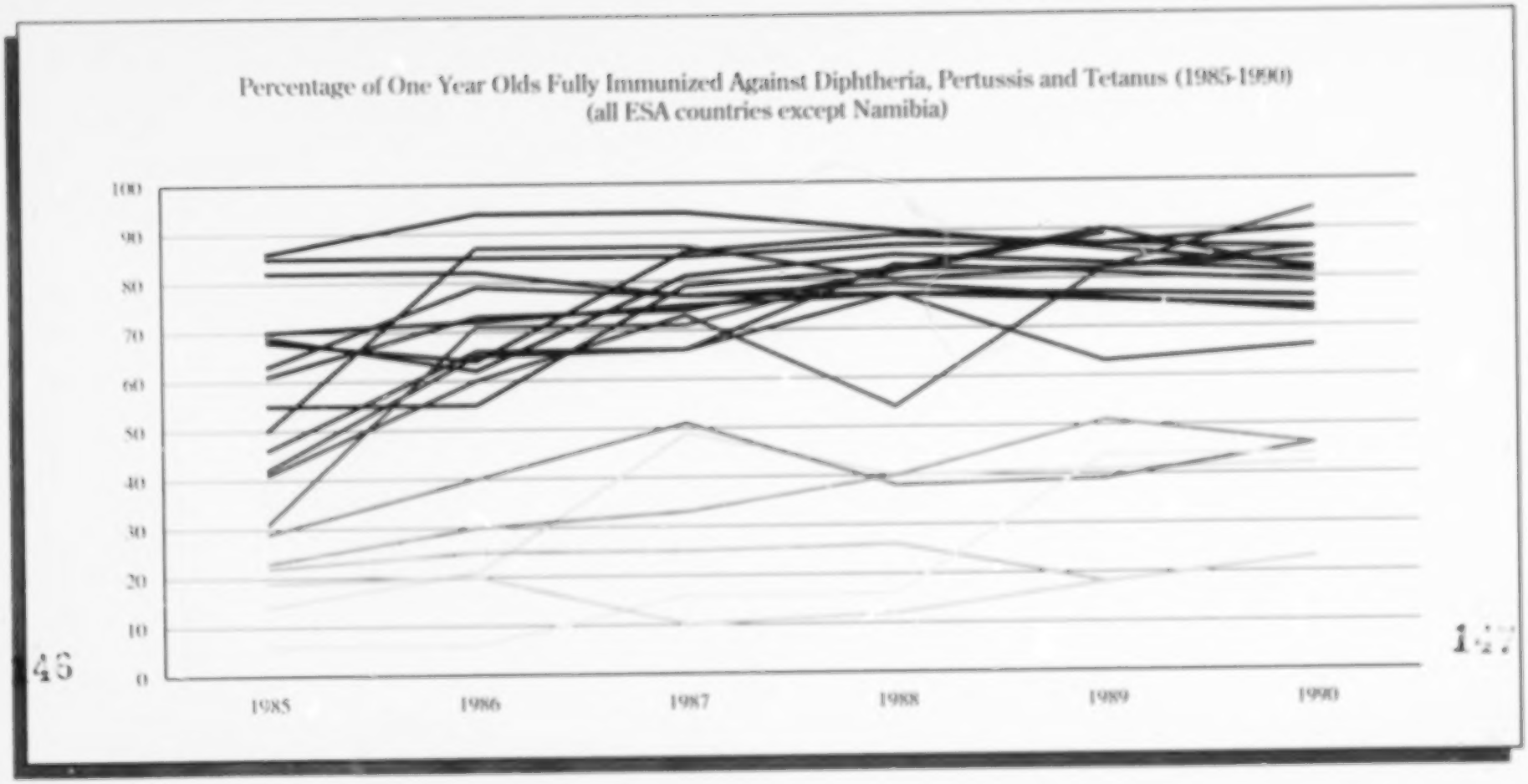
Reduction by 95% of Measles Deaths and Reduction by 90% of Measles Cases
(compared to pre-immunization levels) (by the year 1995)

One Year Olds Immunized against Tuberculosis (%)

	1980	1985	1986	1987	1988	1989	1990
Angola	47 f	30 f	59 cf	29 cf	32 acf	46 f	47 f*
Botswana	91 f	68 af	67 f	99 ac	99 ac	98 b	92 f
Burundi	65 f	59 af	80 cf	89 acf	66 a	100 f	97 f
Comoros		56 af	51 f	97 af	95 a	95 b	99 f
Ethiopia	10 a*	11 af	12 cf	28 af	27 a	69 b	57 f
Kenya		82 af	80 cf	86 a	90 a		80 f
Lesotho	81 a*	86 af	91 f	91 af	90 a	74 b	97 f
Madagascar	13 f	31 af	42 f	52 af	62 a	79 b	67 f*
Malawi	86 a*	92 a	92 f	79 a	90 af	96 f	97 f
Mauritius	98 f	79 a	87 f	87 acf	88 a	90 b	94 f
Mozambique	46 a*	47 a		59 ac	49 af	51 b	59 f*
Namibia							85 f
Rwanda	51 f	83 af	92 f	92 a	91 af		92 f
Sao Tome	95 a*	74 af	90 f	90 af	88 a	88 f	94 f
Seychelles	67 a*	92 af	98 f	98 af			98 f
Somalia	30 f	30 a	33 f	33 a	39 a	31 f	
Swaziland	59 a*	79 af	74 f	91 af	95 a	96 f	
Tanzania	84 f	93 af	82 cf	95 acf	93 a		92 f
Uganda	18 f	37 af	51 cf	74 acf	77 a		63 f*
Zambia	42 f	82 f	92 f	92 acf	92 a		97 f
Zimbabwe	64 f	76 a	44 f	86 acf	89 a		71 f

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
- Estimate


Percentage of One Year Olds Fully Immunized Against Diphtheria, Pertussis and Tetanus (1985-1990)
(all ESA countries except Namibia)
100
90
80
70
60
50
40
30
20
10
0
1985
1986
1987
1988
1989
1990

One Year Olds Fully Immunized Against Diphtheria/Pertussis/Tetanus (DPT3) (%)

	1980	1985	1986	1987	1988	1989	1990
Angola	9 f	19 f	20 cf	10 cf	12 acf	18 f	23 f+
Botswana	70 f	68 af	64 cf	86 acf	89 ac	87 b	86 f
Burundi	38 f	41 af	60 cf	73 acf	54 a	82 f	86 f
Comoros		31 af	71 f	71 af	82 a	82 b	94 f
Ethiopia	6 a*	6 af	6 f	16 af*	16 a	44 b	44 f
Kenya		70 af	72 cf	75 a	77 a		74 f
Lesotho	56 a*	82 af	82 f	77 af	77 a	77 b	76 f
Madagascar	35 f	23 af	30 cf	33 af	40 a	51 b	46 f*
Malawi	66 a*	55 a	55 a	79 a	82 af	90 f	81 f
Mauritius	97 f	85 a	85 f	85 af	87 a	87 b	90 f
Mozambique	56 a	29 a		51 a*	38 af	39 b	46 f*
Namibia							53 f
Rwanda	17 f	50 af	87 f	87 a	80 af		84 f
Sao Tome	42 a*	42 af	65 f	66 af	77 a	63 f	66 f
Seychelles	13 a*	86 a	94 f	94 af			82 f
Somalia	22 f	22 a	25 f	25 a*	26 a	18 f	
Swaziland	30 a*	61 af	73 f	74 af	37 a	59 bf	
Tanzania	58 f	69 af	62 cf	81 acf	85 a		81 f
Uganda	9 f	14 af	21 cf	39 acf	40 a		42 f*
Zambia	71 f	46 f	66 f	66 af	83 a		79 f
Zimbabwe	39 f	63 af	79 f	77 acf	79 a		73 f

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
+ Estimate

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One Year Olds Fully Immunized Against Poliomyelitis (OPV) (%)

	1984	1985	1986	1987	1988	1989	1990
Angola	7 f	13 f	58 cf	16 cf	13 acf	19 f	
Botswana	45 f	67 af	60 f	88 acf	89 ac	88 b	82 f
Burundi	6 f	43 af	61 cf	76 acf	54 a	82 f	
Comoros		31 af	12 f	73 af	78 a	78 b	
Ethiopia	7 a*	6 af	6 f	16 f	16 f	44 b	
Kenya		70 af	72 cf	75 a	78 a		71 f
Lesotho	54 a*	80 af	80 f	77 af	77 a	81 b	75 f
Madagascar	3 f	20 af	24 f	33 af	38 a	47 b	
Malawi	68 a*	50 a	50 f	79 a	80 af	89 f	79 f
Mauritius	97 f	85 a	85 f	85 af	87 a	88 b	
Mozambique	32 a*	25 a	38 a*	38 af	39 b		
Namibia							
Rwanda	15 f	56 af	86 f	86 a	78 af		83 f
Sao Tome	48 a*	44 af	66 f	65 af	72 a	63 f	
Seychelles	16 a*	86 a	94 f	94 af			
Somalia	22 f	22 a	25 f	25 a*	26 a	57 f	
Swaziland	22 a*	59 af	72 f	74 af	29 a	89 b	
Tanzania	56 f	65 af	62 f	80 af	82 a		76 f
Uganda	8 f	13 af	21 cf	40 af	41 a		
Zambia	21 f	46 f	61 f	66 af	81 a		77 f
Zimbabwe	38 f	63 af	81 f	77 acf	79 a		72 f

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
( ) Less than half the unit shown
e Estimate

One Year Olds Immunized Against Measles (%)

	1980	1985	1986	1987	1988	1989	1990
Angola	17 f	44 a	44 cf	55 cf	56 acf	42 f	38 f*
Botswana	65 f	68 af	62 cf	91 acf	83 ac	80 b	78 f
Burundi	30 f	36 af	57 cf	58 acf	41 a	73 f	75 f
Comoros		18 af	19 f	71 af	85 a	85 b	87 f
Ethiopia	7 a*	12 af	10 f	17 af	13 a	37 b	37 f
Kenya		63 af	65 cf	60 af	65 a		59 f
Lesotho	49 a*	73 af	73 f	73 af	79 a	75 b	76 f
Madagascar		28 af	10 cf	27 af	35 a	44 b	33 f*
Malawi	65 a*	53 a	53 f	71 a	78 af	84 f	80 f
Mauritius		61 a		68 a	73 a	82 b	84 f
Mozambique	32 a*	39 a		46 a*	44 af	48 b	58 f*
Namibia	41 f						
Rwanda	42 af	52 af	76 f	78 a	79 af	83 f	
Sao Tome	25 a*	35 af	58 f	59 af	69 a	45 f	57 f
Seychelles	29 a*	90 af	95 f	95 af			89 f
Somalia	35 f	35 a	28 f	28 a	33 a	54 f	
Swaziland	30 a*	49 af	66 f	74 af	12 a	85 bf	
Tanzania	82 f	76 a	67 f	78 af	83 a		83 f
Uganda	22 f	17 af	27 f	48 af	49 a		40 f*
Zambia	72 f	55 f	58 f	65 af	80 a		76 f
Zimbabwe	56 f	53 af	77 f	77 af	75 a		69 f

Sources:
- a) Statistics on Children in UNICEF-Assisted Countries (1988-91)
- b) UNICEF Annual Reports 1990
- c) The State of the World's Children (1988-91)
- d) World Development Report (1987-90)
- e) Sub-Saharan Africa: From Crisis to Sustainable Growth
- f) Regional Information System data (from UNICEF country offices)
- g) UNESCO Statistical Yearbook 1990

Symbols:
- * From a year other than the year shown
- (.) Less than half the unit shown
- + Estimate

Pregnant Women Fully Immunized Against Tetanus (TT2) (%)

	1980	1985	1986	1987	1988	1989	1990
Angola		54 af	54 af	17 f	19 ac	23 f	
Botswana	32 f	17 af	16 f	40 acf	61 ac	79 b	.
Burundi	25 a*	20 af	32 f	59 af	69 af		
Comoros		8 af	17 f	26 af	59 a	59 b	.
Ethiopia		4 af	5 f	7 f	7 a		
Kenya		40 af	40 f	62 af	62 a		
Lesotho	1 f	1 f			13 a	0 b	
Madagascar		22 af	5 f	6 af	6 a	12 b	
Malawi		38 a	40 f	41 a	63 af	72 f	
Mauritius	29 f	18 a	68 f	65 a	65 a	62 b	
Mozambique		40 a		59 ac*	43 a	48 b	
Namibia							
Rwanda	5 a*	21 a		13 a	43 a		
Sao Tome	24 a*	47 af	57 f	59 af	50 a	37 f	61 f
Seychelles		99 af	98 f	98 af			
Somalia	5 a*	29 af	2 f	26 af	37 a		
Swaziland				45 af		64 b	
Tanzania	35 f	38 a	60 f	58 af	48 a		
Uganda	20 a*	20 a	7 f	13 af	14 a		30 b
Zambia		38 f	41 f	45 af	45 a		
Zimbabwe		40 af	45 f	48 a	19 a		

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

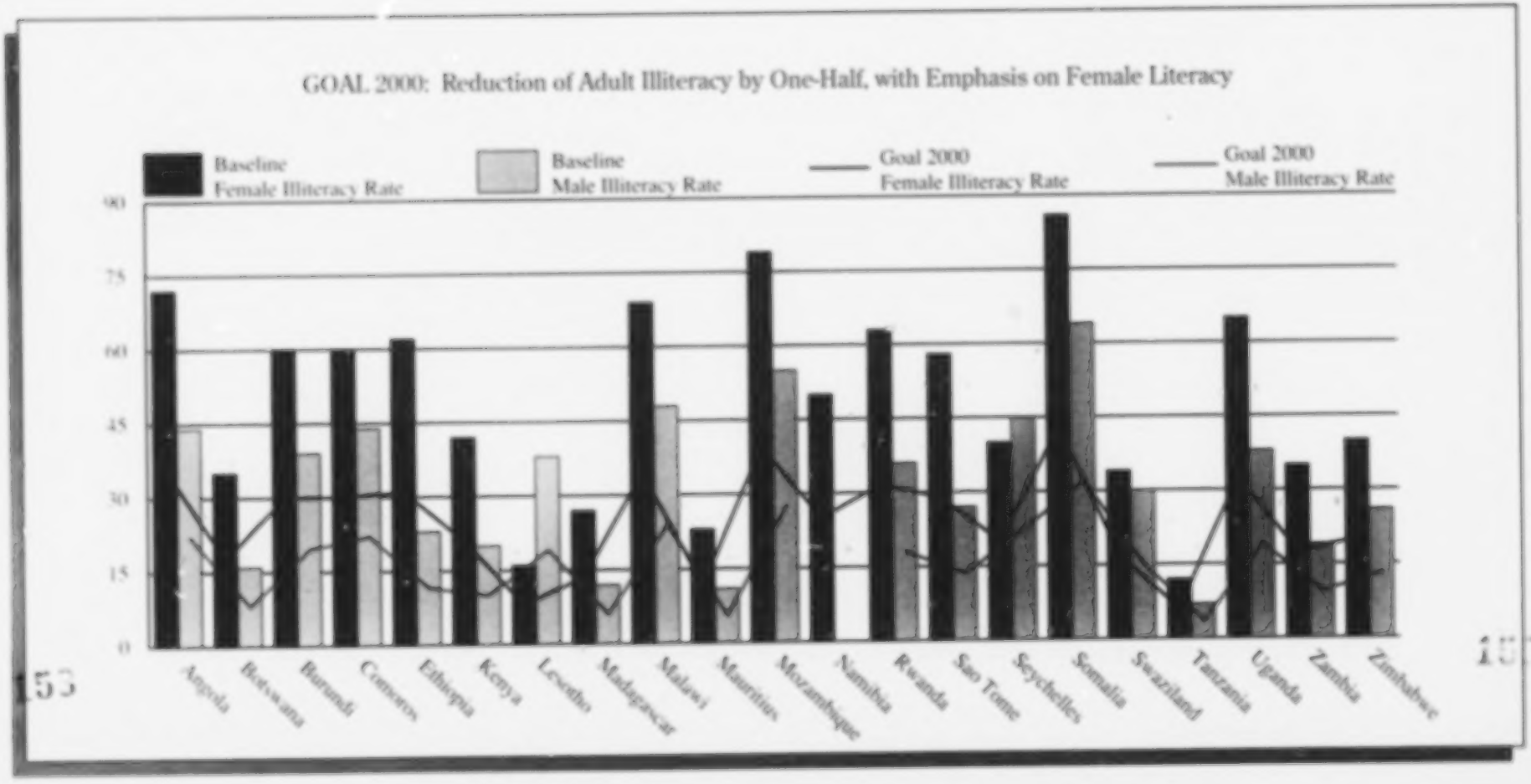
Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
. Estimate

ORT Use Rate

	1984	1985	1986	1987	1988	1989	1990
Angola		17 cf	20 f	12 ac*			
Botswana		38 cf	19 f	35 ac*	36 b	42 b	
Burundi		26 c	12 f	30 a*			
Comoros		3 f		13 a*			
Ethiopia		38 cf	9 f	23 a*			
Kenya		10 cf	21 f	26 a*			
Lesotho		41 cf	25 f	27 a*			
Madagascar			8 c	2 a*			
Malawi		9 cf	39 cf	10 a*			
Mauritius		12 cf	18 cf	4 a*			
Mozambique		10 c	54 c	13 a*			
Namibia							
Rwanda		24 cf		4 a*			
Sao Tome		24 f	24 f	46 a*			36 f
Seychelles							
Somalia		27 c	80 cf	12 a*			
Swaziland							
Tanzania		36 cf	42 cf	11 a*	42 f		
Uganda		21 cf	21 cf	5 a*		15 f	
Zambia		42 cf	32 cf	32 a*			
Zimbabwe		4 cf	5 cf	1 a*	51 f		

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
( ) Less than half the unit shown
e Estimate


GOAL 2000: Reduction of Adult Illiteracy by One-Half, with Emphasis on Female Literacy
Baseline Female Illiteracy Rate
Baseline Male Illiteracy Rate
Goal 2000 Female Illiteracy Rate
Goal 2000 Male Illiteracy Rate
90
75
60
45
30
15
0
Angola
Botswana
Burundi
Comoros
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mauritius
Mozambique
Namibia
Rwanda
Sao Tome
Seychelles
Somalia
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe

Adult Literacy Rate (15 years and older) (total/male/female)

	1980	1985	1986	1987	1988	1989	1990
Angola	28 36 19 f	41 49 33 acf					42 56 28 g*
Botswana	61 61 61 f	71 73 69 acf					74 84 65 g*
Burundi	23 29 10 f	35 43 26 f					50 61 40 g*
Comoros	48 56 40 af	47 47 — f				53 — — b	
Ethiopia	— 11 5 f	61 77 38 f	66 — — af			76 — — b	
Kenya	49 61 38 f	60 70 49 a			54 63 43 b		69 80 58 g*
Lesotho	— 58 — f	73 62 84 a					
Madagascar	— 68 55 f	68 74 62 af					80 88 73 g*
Malawi	41 52 31 f	42 52 31 af					
Mauritius	— 15 28 f	83 89 77 af					
Mozambique	27 44 12 g*	39 55 22 a					33 45 21 g*
Namibia		35 — 50 f					
Rwanda	50 — — f	47 61 33 a		45 — — f			50 64 37 g*
Sao Tome	58 73 42 a*	60 — — f					
Seychelles		88 55 60 f					
Somalia		12 18 6 a	12 18 7 f				24 36 14 g*
Swaziland	— 30 42 f	68 70 66 af	68 70 66 b				
Tanzania	— 53 23 f	— 90 80 f	91 93 88 af				
Uganda	52 65 41 f	58 70 45 af			— — 43 f		48 62 35 g*
Zambia	59 79 58 f	76 84 67 af					73 81 65 g*
Zimbabwe	— 77 61 f	74 81 67 af					67 74 60 g*

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
+ Estimate

Daily Newspapers (number/circulation per 1,000 inhabitants)

	1980		1985	1986		1987	1988		1989	1990
Angola	5	16 g*		4	11 g		4	— g		
Botswana	1	20 g*		1	16 g		3	— g		
Burundi	1	— g*		2	— g		1	4 g		
Comoros										
Ethiopia	5	1 g*		3	1 g		3	1 g		
Kenya	3	10 g*		4	13 g		5	— g		
Lesotho	1	24 g*		4	29 g		4	28 g		
Madagascar	5	— g*		7	6 g		6	6 g		
Malawi				1	2 g		1	3 g		
Mauritius	8	79 g*		7	71 g		7	69 g		
Mozambique	2	4 g*		2	6 g		2	5 g		
Namibia				3	13 g		3	10 g		
Rwanda				1	0.1 g					
Sao Tome										
Seychelles	2	64 g*		1	53 g		1	48 g		
Somalia	1	— g*		2	— g		1	— g		
Swaziland	1	16 g*		2	— g		3	— g		
Tanzania	2	10 g*		2	4 g		2	7 g		
Uganda	1	2 g*		1	2 g		6	— g		
Zambia	2	20 g*		2	14 g		2	11 g		
Zimbabwe	2	16 g*		3	24 g		3	26 g		

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-88)
e) Sub Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

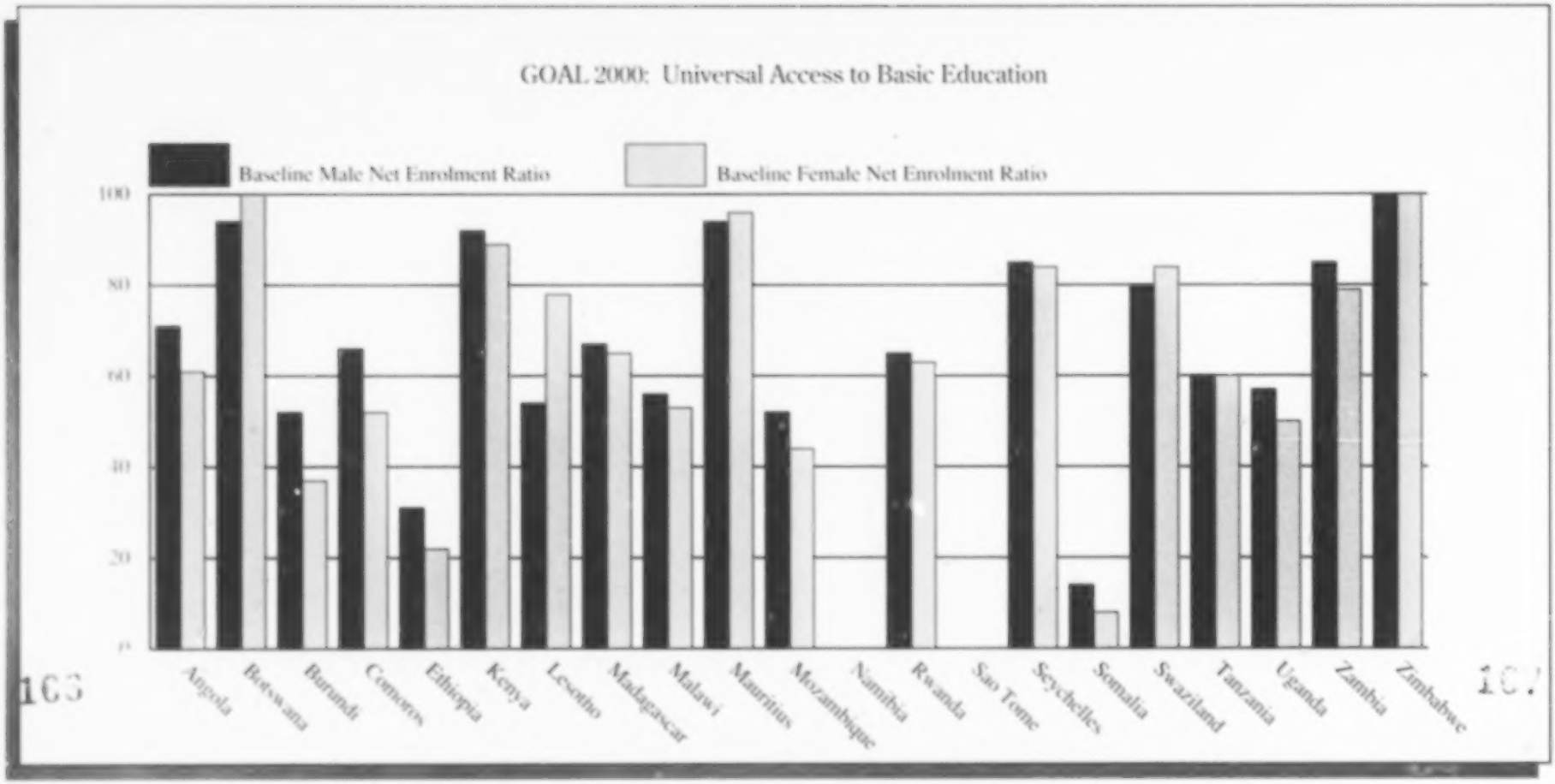
Symbols:
* From a year other than the year shown
— Less than half the unit shown
e Estimate

Radio /Television Sets (per 1,000 population)

	1980			1985			1986			1987			1988			1989	1990 *
Angola	18	4	a	26	5	c				49	5	a	50	6	g		
Botswana				126	—	cf				130	7	a	134	7	g		
Burundi	37	—	af	53	(.)	c	56	—	f	56	—	a	56	(.)	g		
Comoros	102	—	f							112	—	a	113	(.)	g		
Ethiopia	78	1	a	184	2	c	186	—	f	193	—	a	193	2	g		
Kenya	32	4	a	78	5	c							91	6	g		
Lesotho	22	—	af	28	(.)	c	64	—	f	68a	1	b	68	1	g		
Madagascar	195	5	a				194	—	f	193	6	a	196	9	g		
Malawi	46	—	af	245	—	cf	70	—	f	197	—	a	242	—	g		
Mauritius	210	87	a	238	102	c	257	—	f	263	188	a	264	188	g		
Mozambique				32	(.)	c				38	1	a	39	1	g		
Namibia										123	11	a	125	11	g		
Rwanda	29	—	af	58	—	cf	57	—	f	54	—	a	57	—	g		
Sao Tome	259	—	a	268	—	f	280	—	f	280	—	a	274	—	g		
Seychelles	353	—	af	395	—	f	380	—	f	429	43	a	448	48	g		
Somalia	28	—	af	43	(.)	c	53	—	f	38	—	a	40	(.)	g		
Swaziland	145	2	a	154	—	f	157	—	f	147	12	a	152	12	g		
Tanzania	27	—	a	89	—	cf	86	—	f	16	1	a	20	1	g		
Uganda	31	6	a	94	6	a	94	—	f	96	6	a	99	6	g		
Zambia	24	11	a	30	14	c	77	—	f	73	15	a	74	15	g		
Zimbabwe	33	10	a	43	14	c	53	—	f	28	11	a	85	22	g		

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
+ Estimate


GOAL 2000: Universal Access to Basic Education
Baseline Male Net Enrolment Ratio
Baseline Female Net Enrolment Ratio
100
80
60
40
20
0
Angola
Botswana
Burundi
Comoros
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mauritius
Mozambique
Namibia
Rwanda
Sao Tome
Seychelles
Somalia
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe

Primary School Enrolment Ratio (gross/net) (total)

	1980			1985			1986			1987			1988			1989			1990		
Angola	158	—	a				93	66	a												
Botswana	92	76	g	108	92	g	112	95	g	115	97	g	116	97	g	117	—	g			
Burundi	29	21	ag	53	41	g	59	46	g	67	—	g									
Comoros	93	70	f	87	65	g	80	59	ag	80	—	g									
Ethiopia	35	—	ag	34	—	g	36	27	g	37	27	ag	36	26	g						
Kenya	115	91	g	98	—	g	97	—	g	96	—	ag	93	—	g						
Lesotho	103	66	g	113	—	g	112	—	g	112	—	g									
Madagascar	143	—	g							97	90	g	97	66	g						
Malawi	60	43	g	62	44	g	65	48	g	66	49	ag	72	55	g	—	10	f			
Mauritius	108	93	ag	105	97	g	107	92	g	106	94	ag	105	95	g						
Mozambique	99	36	ag	86	50	g	84	49	g	68	45	ag	—	52	f						
Namibia																					
Rwanda	63	59	a	63	59	g	65	62	g	67	64	ag									
Sao Tome																					
Seychelles	102	84	a*																		
Somalia	27	20	g	15	11	ag															
Swaziland	103	80	g	107	83	g	105	81	g	105	82	g	105	82	g						
Tanzania	93	68	g	72	54	g	69	52	g	66	50	ag	—	64	f	—	60	f			
Uganda	50	—	ag	70	—	g	70	53	g	74	—	g	—	77	g						
Zambia	90	77	g	99	—	g	97	82	f												
Zimbabwe	88	—	a	135	—	g	136	100	g	133	—	g	128	—	ag						

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(-) Less than half the unit shown
+ Estimate

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Primary School Enrolment Ratio (gross/net) (male)

	1980			1985			1986			1987			1988			1989			1990		
Angola	158	74	g*	93	—	g*	—	71	ac												
Botswana	84	70	g	103	87	g	108	91	g	112	94	g	114	94	g	114	—	g			
Burundi	35	26	ag	61	47	g	68	52	g												
Comoros	109a	56	f	100	—	g	90	66	ag	89	—	g				75	—	b			
Ethiopia	45	—	g	40	—	g	44	31	g	46	32	ag	44	31	g	40	—	b	80	—	b
Kenya	120	92	g	101	—	g	100	—	g	98	—	ag	95	—	g						
Lesotho	55	54	ag	101	—	g	100	—	g	101	—	g									
Madagascar	146	—	g	125	—	c*				100	92	g	99	67	g						
Malawi	72	48	g	70	47	g	73	50	g	73	50	ag	79	56	g						
Mauritius	108	92	g	105	96	g	106	91	g	105	93	ag	104	94	g						
Mozambique	115	39	g	97	55	g	94	53	g	76	49	ag	—	52	f						
Namibia																					
Rwanda	66	61	g	64	60	g	67	63	g	69	65	ag									
Sao Tome																					
Seychelles	103	85	a*																		
Somalia	35	25	g	20	14	ag															
Swaziland	104	—	g	108	81	g	106	80	g	106	80	g	105	80	g						
Tanzania	100	—	ag	73	53	g	70	51	g	67	50	ag	—	64	f	82	60	b			
Uganda	56	—	ag	66	43	c*	76	57	g												
Zambia	98	81	g	106	—	g	102a	85	f												
Zimbabwe	140	—	g	139	100	g	133	—	ag												

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

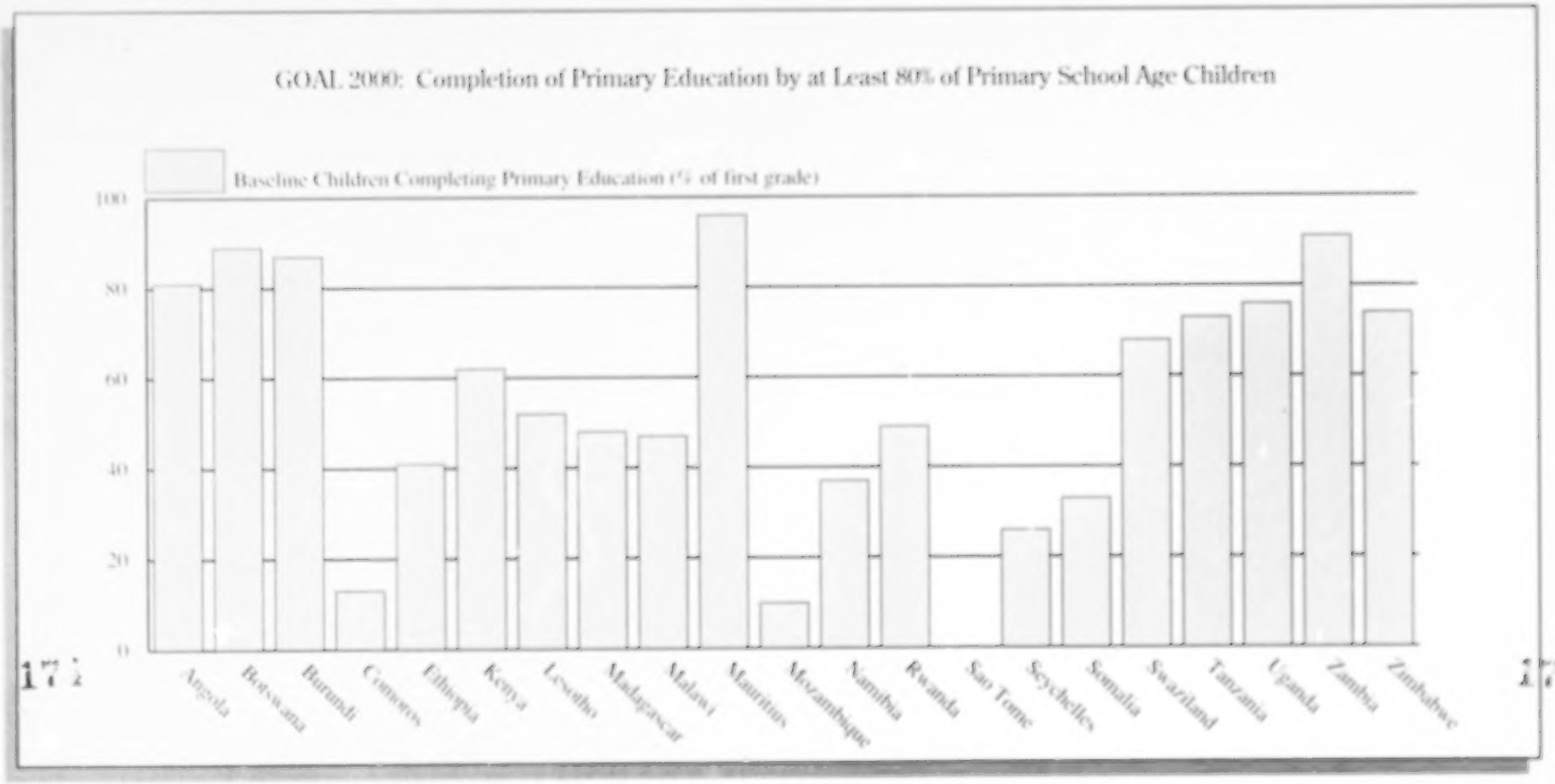
Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
a Estimate

Primary School Enrolment Ratio (gross/net) (female)

	1980			1985			1986			1987			1988			1989			1990		
Angola	137	67	g*				—	61	ac												
Botswana	100	83	g	112	96	g	115	98	g	118	100	g	119	100	g	120	—	g			
Burundi	22	17	ag	44	35	g	50	41	g	—	37	f									
Comoros	78a	44	f				70	52	a							62	—	b	65	—	b
Ethiopia	25	—	ag	27	—	g	28	22	g	28	22	ag	28	22	g	27	—	b			
Kenya	110	89	g	96	—	g	94	—	g	93	—	ag	91	—	g						
Lesotho	120	78	ag	125	—	g	123	—	g	123	—	g									
Madagascar	139	—	g	118	—	c*				95	88	g	95	65	g	—	10	f			
Malawi	48	38	g	53	42	g	57	46	g	59	47	ag	65	53	g						
Mauritius	108	93	ag	106	98	g	107	93	g	107	95	ag	105	96	g						
Mozambique	84	34	g	75	46	g	74	45	g	59	41	ag	—	44	f						
Namibia																					
Rwanda	60	57	ag	61	58	g	64	61	g	66	63	ag									
Sao Tome																					
Seychelles	102	84	a*																		
Somalia	19	15	g	10	8	ag															
Swaziland	102	—	g	105	85	g	104	83	g	104	84	g	104	84	g						
Tanzania	86	—	ag	71	54	g	69	53	g	66	51	ag	—	64	f	78	60	b			
Uganda	43	—	ag	50	38	c*	63	50	g												
Zambia	82	73	g	93	—	g	92a	79	f												
Zimbabwe				131	—	g	132	100	g				126	—	ag						

Sources:
- a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
- b) UNICEF Annual Reports 1990
- c) The State of the World's Children (1988-91)
- d) World Development Report (1987-90)
- e) Sub-Saharan Africa: From Crisis to Sustainable Growth
- f) Regional Information System data (from UNICEF country offices)
- g) UNESCO Statistical Yearbook 1990

Symbols:
- * From a year other than the year shown
- (.) Less than half the unit shown
- + Estimate


GOAL 2000: Completion of Primary Education by at Least 80% of Primary School Age Children
Baseline Children Completing Primary Education (% of first grade)
100
80
60
40
20
0
Angola
Botswana
Burundi
Comoros
Ethiopia
Kenya
Lesotho
Madagascar
Malawi
Mauritius
Mozambique
Namibia
Rwanda
Sao Tome
Seychelles
Somalia
Swaziland
Tanzania
Uganda
Zambia
Zimbabwe

Children Completing Primary Level (% of first grade)

	1980	1985	1986	1987	1988	1989	1990
Angola	24 a	24 cf	24 f		81 f		
Botswana	80 f	80 f	80 f	89 ac	89 f		
Burundi	94 f	94 f	87 a		87 f		
Comoros	65 f	41 cf	41 f			20 b	13 b
Ethiopia	49 f		41 c*				
Kenya	55 ab	62 f	62 af				
Lesotho	27 a*	27 f	52 a				
Madagascar	30 f	30 f	30 f	25 f	48 a		
Malawi	28 af	25 f	33 a	41 f	47 f		
Mauritius			96 f				
Mozambique	26 a	26 c*	39 c*		10 f		
Namibia	30 f			37 f			
Rwanda	47 af	47 f	47 f	49 a			
Sao Tome							
Seychelles	99 a	26 f	26 f				
Somalia	33 f	33 af	33 f				
Swaziland	68 af		61 a	68 a			
Tanzania	76 f	76 f	76 f	76 af	73 f		
Uganda	59 f		76 a				
Zambia	85 af	85 f	91 a				
Zimbabwe		79 f	74 a				

Sources:
- a: Statistics on Children in UNICEF-Assisted Countries (1990-91)
- b: UNICEF Annual Reports 1990
- c: The State of the World's Children (1988-91)
- d: World Development Report (1987-90)
- e: Sub-Saharan Africa: From Crisis to Sustainable Growth
- f: Regional Information System data (from UNICEF country offices)
- g: UNESCO Statistical Yearbook 1990

Symbols:
- * From a year other than the year shown
- (.) Less than half the unit shown
- + Estimate

Pupil/Teacher Ratio at Primary Level

	1980	1985	1986	1987	1988	1989	1990
Angola	40 g*						
Botswana	32 f	32 f	32 f	32 f	32 f		
Burundi	35 f	56 fg	62 fg				
Comoros	46 fg	35 fg	35 fg	36 g			
Ethiopia	64 g	48 g	48 fg	49 g	43 g		
Kenya	36 g	34 g	34 g	34 g	33 g		
Lesotho	48 fg	55 g	55 g	56 g			
Madagascar	44 fg	38 f		40 g	40 g		
Malawi	65 fg	61 fg	63 g		64 f		
Mauritius	20 g	22 g	23 g	22 g	22 g		
Mozambique	81 g	63 g	63 g		60 f		
Namibia							
Rwanda	59 fg	56 fg	57 fg	57 g			
Sao Tome	28 fg	31 f	30 g	29 g			
Seychelles	22 fg	22 f	22 fg	21 g	21 fg	19 g	
Somalia	33 fg	19 g					
Swaziland	34 fg	34 fg	33 fg	33 g	33 g		
Tanzania	41 fg	34 fg	33 fg	33 fg	33 f	33 f	
Uganda	34 fg	34 g	33 f	33 fg	35 fg	33 f	
Zambia	49 fg	49 fg	47 g				
Zimbabwe	44 g	40 g	39 g	39 f	38 g		

Sources:
a) Statistics on Children in UNICEF Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
+ Estimate

Secondary School Enrolment Ratio (gross/net) (total)

	1980			1985			1986			1987			1988			1989			1990		
Angola	19	—	ag	13	—	g*															
Botswana	21	16	g	30	23	g	32	25	g	33	26	g	33g	26	f	34	—	g			
Burundi	3	—	ag	4	3	g	4	3	g												
Comoros	23	—	g	31	—	g	30	—	ag	50	—	b				23	—	b	13	—	b
Ethiopia	9	—	ag	13	—	g	14	—	g	15	—	ag	15	—	g						
Kenya	20	—	g	21	—	g	21	—	g	23	—	ag	23	—	g						
Lesotho	18	13	g	22	13	a*	24	—	g	25	—	g									
Madagascar							—	36	f	21	—	ag	19	—	g						
Malawi	3	—	g	4	—	g	4g	4	f	4	2	b	4	—	g	—	2	f			
Mauritius	48	—	ag	51	—	g	50	—	g	51	41	a	53g	48	f						
Mozambique	5	—	ag	7	—	g	7	—	g	5	—	ag									
Namibia																					
Rwanda	3	2	g	6	2	g	6	2	g	6	2	ag									
Sao Tome																					
Seychelles	17	26	a*																		
Somalia	10	6	g	10	4	g															
Swaziland	38	—	g	42	—	g	42	—	g	43	32	a	44	—	g						
Tanzania	3	—	ag	3	—	g	3	—	g	4	—	ag									
Uganda	5	—	ag	10g	8	f	12	—	g	13	—	g	13	—	g						
Zambia	16	—	g	17	—	g															
Zimbabwe	8	—	ag	41	—	g	45	—	g				51	—	g						

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
+ Estimate

180

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Secondary School Enrolment Ratio (gross/net) (male)

	1980			1985			1986			1987			1988			1989			1990		
Angola	18	13	g*																		
Botswana	20	14	g	29	22	g	31	23	g	32	24	g	32g	23	f	33	—	g			
Burundi	4	—	g	5	4	g	6	4	ag	—	6	f									
Comoros	31	—	ag	37	—	g	36	—	ag							18	—	b	14	—	b
Ethiopia	11	—	ag	16	—	g	16	—	g	18	—	ag	17	—	g						
Kenya	23	—	g	26	—	g	25	—	g	27	—	ag	27	—	g						
Lesotho	14	9	ag	18	8	a*	19	—	g	20	—	g									
Madagascar				43	—	c*	—	43	f	23	—	ag	29	—	g						
Malawi	5	—	ag	6	—	g	—	6	g	5	2	b				—	2	f			
Mauritius	49	—	ag	53	—	g	52	—	g	53	43	a	53g	48	f						
Mozambique	8	—	ag	10	—	g	10	—	g	7	—	ag									
Namibia																					
Rwanda	4	2	g	7	3	g	7	3	g	7	3	ag									
Sao Tome																					
Seychelles	17	28	a*																		
Somalia	15	8	g	13	5	g															
Swaziland	39	—	g	43	—	g	42	—	g	44	30	a	45	—	g						
Tanzania	4	—	ag	4	—	g	4	—	g	5	—	ag									
Uganda	7	—	ag	—	11	f	16	—	ag												
Zambia	22	—	ag	23	—	g															
Zimbabwe				50	—	g	54	—	g				60	—	g						

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
a Estimate

Secondary School Enrolment Ratio (gross/net) (female)

	1980			1985			1986			1987			1988			1989			1990		
Angola	9	7	g*																		
Botswana	22	18	g	31	25	g	33	26	g	33	27	g	33	—	g	36	—	g			
Burundi	2	—	ag	3	2	g	3	2	ag	—	3	f									
Comoros	16	—	ag	24	—	g	24	—	ag							19	—	b	11	—	b
Ethiopia	6	—	ag	11	—	g	11	—	g	12	—	ag	12	—	g						
Kenya	16	—	g	16	—	g	17	—	g	19	—	ag	19	—	g						
Lesotho	20	16	a	26	17	a*	28	—	g	30	—	g									
Madagascar				30	—	c*	—	30	f	19	—	ag	19	—	g						
Malawi	2	—	ag	2	—	g	3	—	g	3	1	b	3	—	g	—	1	f			
Mauritius	47	—	ag	49	—	g	48	—	g	50	40	a	53g	48	c						
Mozambique	3	—	g	4	—	g	5	—	g	4	—	ag									
Namibia																					
Rwanda	3	1	g	5	2	g	5	2	g	5	2	ag									
Sao Tome																					
Seychelles	37	25	a*																		
Somalia	5	3	g	7	3	g															
Swaziland	37	—	g	42	—	g	41	—	g	42	35	a	43	—	g						
Tanzania	2	—	ag	2	—	g	3	—	g	3	—	ag									
Uganda	3	—	ag	—	5	f	8	—	g												
Zambia	11	—	g	13	—	g															
Zimbabwe				33	—	g	36	—	g				42	—	ag						

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
— Less than half the unit shown
e Estimate

Tertiary School Enrolment Ratio (total/male/female)

	1980	1985	1986	1987	1988	1989	1990
Angola	0.3 — — g	0.6 — — g	1.0 — — e				
Botswana	1.4 2.2 0.8 g	2.2 — — g	2.6 — — g	2.8 3.6 2.1 g			
Burundi	0.6 0.9 0.3 g	0.7 1.1 0.3 g	0.7 1.0 0.4 g	0.8 1.2 0.4 g			
Comoros							
Ethiopia	0.4 — — g	0.9 1.5 0.3 g	1.0 1.7 0.3 g	0.9 1.6 0.3 g	0.9 1.6 0.3 g		
Kenya	0.9 1.5 0.4 g	1.3 1.9 0.7 g		1.5 2.1 0.8 g			
Lesotho	1.7 — — g			3.0 2.6 3.4 g	3.0 2.3 3.5 g		
Madagascar	3.0 — — g	4.2 5.3 3.2 g	3.8 4.5 3.0 g	3.8 — — g	3.7 4.3 3.2 g		
Malawi	0.7 1.0 0.4 g	0.6 0.9 0.4 g	0.6 0.9 0.3 g				
Mauritius	1.0 1.4 0.7 g	0.9 1.2 0.7 g	0.9 1.2 0.6 g	1.3 1.6 0.9 g	1.8 2.3 1.2 g		
Mozambique	0.1 0.1 0.1 g	0.1 0.2 0.1 g		0.2 0.3 0.1 g			
Namibia							
Rwanda	0.3 0.5 0.1 g	0.4 0.7 0.1 g	0.4 0.6 0.1 g	0.4 0.7 0.1 g			
Sao Tome							
Seychelles							
Somalia		2.8 5.0 1.1 g	4.0 — — e				
Swaziland	1.9 4.7 3.1 g	3.7 — — g	3.7 4.4 3.1 g	3.7 4.4 3.1 g			
Tanzania		0.3 0.4 0.1 g	0.2 0.4 0.1 g	0.3 0.5 0.1 g			
Uganda	0.5 0.8 0.2 g	0.8 1.2 0.4 g	0.8 1.2 0.4 g	0.9 1.3 0.5 g			
Zambia	1.6 — — g	1.4 2.3 0.6 g	2.3 3.7 0.9 g	2.0 3.2 0.8 g			
Zimbabwe	1.3 — — g	3.2 — — g	3.7 4.7 2.8 g	4.2 — — g	4.0 — — g		

Sources:
- a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
- b) UNICEF Annual Reports 1990
- c) The State of the World's Children (1988-91)
- d) World Development Report (1987-90)
- e) Sub-Saharan Africa: From Crisis to Sustainable Growth
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- g) UNESCO Statistical Yearbook 1990

Symbols:
- * From a year other than the year shown
- (.) Less than half the unit shown
- e Estimate

Total Population (thousands)

	1980	1985	1986	1987	1988	1989	1990
Angola	7722 f	8753 f	8989 f	9232 f	9483 f		
Botswana	919 f	1086 f	1126 f	1200 f	1211 f	1255 f	
Burundi	4100 af	4721 af	4774 f	5000 c	5147 af		
Comoros	381 a	444 a	399 b	412 b	487 a	439 b	453 b
Ethiopia	37787 f	43362 f	44597 f		45000 a*	50000 b	
Kenya	16708 f	20241 f	21091 f	22100 cf	23000 a*	23500 b*	
Lesotho	1342 f	1504 f	1543 f	1600 cf	1676 a		
Madagascar	8595 f	9982 f	10271 f	10894 f	11259 f		
Malawi	6027 f	7021 f	7254 f	7663 f	8248 f	8521 f	8470 b
Mauritius	967 f	1025 f	1040 f	1056 f	1077 f	1065 f	
Mozambique	12080 a*	14000 a*	14300 c*	14500 c*	14932 f		
Namibia	1306 a	1518 a					1600 fe
Rwanda	5139 f	6133 f	6300 c*	6500 c*	6600 a*		
Sao Tome	94 f	108 f	111 f	112 f	116 f		
Seychelles	63 af	65 af	66 f	66 f	67 af		
Somalia	5133 f	5980 f	6106 f	6900 cf	7100 a*		9400 b*
Swaziland	634 f	743 f	776 f				
Tanzania	18869 f	22499 f	24000 f*	24500 c*	25000 a*		
Uganda	13202 f*	15680 f*	16227 f*	16680 c*	17000 a*	18100 c*	
Zambia	5642 f	6605 f	6689 f	7680 f	7900 a*		
Zimbabwe	7074 f	8121 f	8413 f	8800 f	9100 a*		

Sources:
- a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
- b) UNICEF Annual Reports 1990
- c) The State of the World's Children (1988-91)
- d) World Development Report (1987-90)
- e) Sub-Saharan Africa: From Crisis to Sustainable Growth
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Symbols:
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- ( ) Less than half the unit shown
- e Estimate

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Population Under 15/Under 5 (thousands)

	1980		1985		1986		1987		1988		1989		1990	
Angola	3689	1490 a/	4913	1762 f	4119	1516 f	4127	— f	4500	1700 a/*				
Botswana	448	167 a	549	219 a	680	280 a/*	600	280 a/*	607	242 a				
Burundi	1976	570 af	2212	675 af	2805	864 f			2364	733 af				
Comoros	162	55 af	188	59 f	195	61 f	210	75 b	236	70 a	247	80 b	221	86 b
Ethiopia	16880	7080 a/	19739	6336 f	20302	6507 f			21080	7680 a/*	24500	9400 b		
Kenya			19062	5417 f	20901	5960 f	21073	4419 f	—	4500 b/*	—	4800 b/*		
Lesotho	930	224 a	922	194 f	937	199 f	734	— f	755	289 a				
Madagascar	4080	— f	4353	1364 f	4478	1424 f	4760	1510 f	4919	1560 f				
Malawi	3000	1200 a	3300	1080 f*	3400	1100 f*	3700	1100 f*	3800	1100 f*	3900	1600 f*	4000	1600 b*
Mauritius	324	92 f	328	94 f	304	74 f	306	72 f	307	92 b	308	94 b		
Mozambique	9500	2300 a/	8300	2400 a/					6500	2578 f				
Namibia	668	230 a	717	278 a									764	294 b*
Rwanda	2872	969 f	2966	939 f										
Sao Tome	42	13 f	42	13 f	—	16 f	—	16 f						
Seychelles	25	— f	26	7 f	24	— f			25	8 f				
Somalia	2680	824 f	2654	841 f	3300	— f	3300	1400 a/*	3900	1400 a/*			4124	— b
Swaziland	272	107 a	330	102 f	304	105 f			364	143 a				
Tanzania	9000	3600 a/	9961	3198 f	10410	3522 f			12000	5200 a/				
Uganda	6000	2600 a/	7000	3086 a/*			6400	3300 a/*	8700	3400 a/	9400	3600 a/*		
Zambia	2600	— a			3229	1027 f	3900	— f	4000	1600 a/				
Zimbabwe	3000	1300 a/	3631	1220 f	3909	1264 f	4300	— f	4400	1840 a/				

Sources: a/ Statistics on Children in UNICEF-Assisted Countries (1990-91)
b/ UNICEF Annual Reports 1990
c/ The State of the World's Children (1990-91)
d/ World Development Report (1987-90)
e/ Sub-Saharan Africa: From Crisis to Sustainable Growth
f/ Regional Information System data (from UNICEF country offices)
g/ UNESCO Statistical Yearbook 1990

Symbols: * From a year other than the year shown
— Less than half the unit shown
a Estimate

Population Under 1 (thousands)

	1985	1986	1987	1988	1989	1990
Angola	352 f	361 f	387 f			
Botswana	165 f	171 f		51 f	52 f	
Burundi	183 f	183 f				
Comoros	16 f	17 f				
Ethiopia	1862 f	1914 f				
Kenya	979 f	1020 f				
Lesotho	54 f	55 f				
Madagascar	393 f	404 f	428 f	442 f		
Malawi	298 f	300 f	310 f	320 f	330 f	
Mauritius	24 f	24 f	18 f	19 f		
Mozambique				553 f		
Namibia						
Rwanda	260 f	269 f				
Sao Tome	4 f	4 f	3.9 f	4.2 f		
Seychelles	2 f					
Somalia	233 f	238 f				
Swaziland	29 f	30 f				
Tanzania	923 f	1014 f				
Uganda	649 f	672 f				
Zambia	281 f	293 f				
Zimbabwe	345 f	357 f				

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
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(.) Less than half the unit shown
e Estimate

Crude Death Rate (deaths per 1,000 population)

	1980	1985	1986	1987	1988	1989	1990
Angola	23 af	21 af	21 cf	20 cf	20 acf	20 c	
Botswana	15 a	13 a	12 cf	12 cf	11 acf	11 c	
Burundi	20 af	18 af	18 cf	17 cf	17 af	18 c	
Comoros	17 af	15 a	15 f	15 f	14 a	12 b	12 b
Ethiopia	23 af	24 a	23 cf	24 cf	24 a	20 c	
Kenya	15 af	13 af	13 cf	12 cf	12 a	11 c	
Lesotho	15 a	13 a	15 c	13 cf	12 a	12 c	
Madagascar	16 a	15 a	15 cf	14 cf	14 a	14 c	
Malawi	22 af	21 af	20 cf	20 cf	20 af	20 cf	19 b
Mauritius	6 af	6 af	6 cf	5 cf	5 a	7 cf	
Mozambique	20 a	19 a	19 c	19 c	18 a	18 c	
Namibia	15 a	13 a			10 a	12 c	
Rwanda	20 a	18 af	18 cf	17 cf	17 a	17 c	
Sao Tome	10 af	10 f	12 f	9 f	12 f		
Seychelles	7 af	7 f	8 f	8 f	8 af		
Somalia	22 a	21 a	23 cf	20 c	20 a	20 c	
Swaziland	15 a	13 a	16 f	13 f	12 a		
Tanzania	16 af	15 af	14 cf	14 cf	14 a	14 c	
Uganda	17 af	16 af	16 cf	16 c	15 a	15 bc	
Zambia	16 af	14 af	14 cf	14 cf	14 a	13 c	
Zimbabwe	12 a	11 a	11 cf	10 cf	10 a	10 c	

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990/91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988/91)
d) World Development Report (1987/90)
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Symbols:
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( ) Less than half the unit shown
e Estimate

Crude Birth Rate (births per 1,000 population)

	1980	1985	1986	1987	1988	1989	1990
Angola	47 af	47 af	47 cf	47 cf	47 cf	47 ac†	
Botswana	50 a	48 a	49 c	48 c	47 ac†	48 c	
Burundi	48 af	46 af	46 cf	46 cf	46 af	48 c	
Comoros	47 af	46 af	46 f	46 b	46 a	44 b	44 b
Ethiopia	46 a	43 a	44 f	44 c	44 a	50 c	
Kenya	54 a	54 a	54 c	54 c	54 a	46 c	
Lesotho	42 af	41 a	41 cf	41 cf	41 a	41 c	
Madagascar	46 a	46 a	44 c	46 c	46 a	46 c	
Malawi	53 af	53 af	53 cf	53 cf	53 af	56 c	54 b
Mauritius	25 af	21 a	23 cf	19 cf	18 a	18 c	
Mozambique	46 a	45 a	45 c	45 c	45 a	45 c	
Namibia	45 a	44 a			44 a	44 c	
Rwanda	53 a	52 a	51 cf	51 cf	51 a	51 c	
Sao Tome	41 af	36 f	37 f	35 f	37 f		
Seychelles	29 af	27 f	26 f	25 f	25 a		
Somalia	53 a	52 a	48 cf	51 cf	51 a	49 c	
Swaziland	47 af	47 af	47 f	47 f	47 a		
Tanzania	51 af	51 a	50 cf	51 cf	51 a	51 c	
Uganda	50 af	50 af	50 cf	50 cf	50 a	52 c	
Zambia	51 a	51 a	48 cf	51 cf	51 a	51 c	
Zimbabwe	43 a	42 a	47 cf	42 cf	42 a	41 c	

Sources:
- a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
- b) UNICEF Annual Reports 1990
- c) The State of the World's Children (1988-91)
- d) World Development Report (1987-90)
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- g) UNESCO Statistical Yearbook 1990

Symbols:
- * From a year other than the year shown
- (.) Less than half the unit shown
- e Estimate

Life Expectancy at Birth (total/male/female)

	1980	1985	1986	1987	1988	1989	1990
Angola	41 40 43 a	43 42 45 a	44 43 45 f	44 43 46 f	45 43 46 a	45 44 47 a	
Botswana	55 52 58 a	57 54 60 a	58 55 61 f	59 55 62 f	59 56 62 a	59 56 62 af	
Burundi	46 44 47 af	48 46 49 af	48 46 49 f	49 47 50 f	49 48 51 f	48 47 50 a	
Comoros	49 47 51 af	51 49 53 a	52 50 53 f	52 50 54 f	52 51 54 a	55 54 55 a	
Ethiopia	41 39 43 a	41 39 42 a	42 40 43 f	42 — — c	41 40 43 a	45 44 47 a	
Kenya	55 53 57 a	57 55 59 a		58 56 60 f	59 57 61 a	59 57 61 a	
Lesotho	52 48 57 a	55 50 59 a	51 48 54 b	56 51 60 f	56 52 61 a	57 52 61 a	
Madagascar	51 49 52 a	53 51 54 a		53 52 53 f	54 52 55 a	54 53 56 a	
Malawi	44 43 45 af	46 45 47 a	47 45 47 f	47 46 48 f	47 47 48 a	48 47 48 a	
Mauritius	66 63 68 af	67 62 69 f	68 65 70 f	69 66 71 f	69 67 72 a	70 67 72 a	
Mozambique	44 42 46 a	46 44 47 a			47 45 48 af	47 46 49 a	
Namibia	53 51 54 a	55 54 56 a			55 55 58 a	57 56 58 a	
Rwanda	46 44 47 af	48 46 49 af	48 46 49 f	48 47 50 f	49 47 50 a	49 48 51 a	
Sao Tome	62 — — a	62 — — a			64 — — f		
Seychelles	66 — — f	69 — 74 f	70 62 — f	70 — — cf	71 68 75 a	71 67 74 f	
Somalia	43 41 44 a	44 42 46 a		45 43 46 f	45 44 47 a	46 44 47 a	
Swaziland	51 49 54 a	54 53 56 a		55 53 57 f	56 54 58 a	56 54 58 a	
Tanzania	50 48 52 af	52 50 54 af	53 51 54 f	53 51 55 f	53 52 55 a	54 52 55 a	
Uganda	49 47 50 af	50 48 52 a	51 49 52 f	52 — — cf	51 50 53 a	52 50 53 a	
Zambia	50 49 52 a	52 51 54 a	53 51 55 f	53 52 54 f	54 53 55 a	54 53 55 a	
Zimbabwe	55 53 57 af	57 55 59 af		58 55 60 f	59 57 60 a	59 57 61 a	

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
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Symbols:
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(.) Less than half the unit shown
+ Estimate

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Total Fertility Rate

	1980	1985	1986	1987	1988	1989	1990
Angola	6.4 a	6.4 a	6.4 c	6.4 c	6.4 ac	6.4 c	
Botswana	6.6 a	6.4 a	6.5 c	6.1 c	6.2 ac	7.1 c	
Burundi	6.4 a	6.4 a	6.4 c	6.2 c	6.3 a	6.8 c	
Comoros	6.3 a	6.2 a			6.2 a	6.6 b	6.6 b
Ethiopia	6.5 a	6.1 a	6.7 c	6.2 c	6.2 a	6.9 c	
Kenya	8.1 a	8.1 a	8.0 c	7.9 c	8.1 a	6.7 bc	
Lesotho	5.8 a	5.8 a	5.8 c	5.7 c	5.8 a	5.8 c	
Madagascar	6.6 a	6.6 a	6.3 c	6.6 c	6.6 a	6.6 c	
Malawi	7.0 a	7.0 a	7.0 c	7.0 c	7.0 a	7.6 c	7.6 b
Mauritius	2.7 a	2.2 a	2.5 c	1.9 c	1.9 a	1.9 c	
Mozambique	6.5 a	6.5 a	6.1 c	6.3 c	6.4 a	6.4 c	
Namibia	6.1 a	6.1 a			6.1 a	6.1 c	
Rwanda	8.5 a	8.4 a	7.4 c	8.2 c	8.3 a	8.2 c	
Sao Tome							
Seychelles	3.4 a*	3.4 a	*				
Somalia	6.6 a	6.6 a	6.6 c	6.6 c	6.6 a	6.6 c	
Swaziland	6.5 a	6.5 a			6.5 a		
Tanzania	7.1 a	7.1 a	7.1 c	7.1 c	7.1 a	7.1 c	
Uganda	6.9 a	6.9 a	6.9 c	6.9 c	6.9 a	7.3 c	
Zambia	7.2 a	7.2 a	6.8 c	7.1 c	7.2 a	7.2 c	
Zimbabwe	6.4 a	6.0 a	6.6 c	5.6 c	5.8 a	5.7 c	

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
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Symbols:
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(.) Less than half the unit shown
+ Estimate

Contraceptive Prevalence Rate (%)

	1980	1985	1986	1987	1988	1989	1990
Angola	1 a	1 c	1 c				
Botswana		28 a*		29 b	33 b		
Burundi	1 c	1 c*		7 a			
Comoros							
Ethiopia	2 ac						
Kenya	7 a*	17 ac*				27 a	
Lesotho	5 ac*	5 b*					
Madagascar					6 b		
Malawi	1 a*	7 a*					
Mauritius		75 a	75 b	75 b			
Mozambique				4 a			
Namibia				18 b*		18 a	
Rwanda		10 c*	10 a*				
Sao Tome				10 a*		9 f	
Seychelles							
Somalia					1 a*		
Swaziland				17 b	17 a*		
Tanzania	1 a*	1 c*	1 c*	8 ab			
Uganda	1 a*			4 b	5 a		
Zambia	1 a*	1 b*					
Zimbabwe	14 a*	38 a*			43 a		

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1990-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
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Symbols:
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(.) Less than half the unit shown
+ Estimate

Urban Population (% total)

	1980	1985	1986	1987	1988	1989	1990
Angola	21 a,f	25 a,f	25 f	26 c,f	27 a,c	28 a	
Botswana	15 a	19 a	20 c	21 c	22 a,c	26 a	
Burundi	4.1 a	5.6 a	6 c,f	6 c,f	6.6 a	5 a	
Comoros	23 a,f	25 a,f	26 f	26 f	27 a	27 a	
Ethiopia	11 a,f	12 a,f	12 f	12 c,f	12 a,	13 a	
Kenya	16 a,f	20 a,f	20 f	22 c,f	22 a	23 a	
Lesotho	14 a,f	17 a,f	17 f	18 c,f	19 a	20 a	
Madagascar	19 a,f	22 a,f	22 c,f	23 c,f		23 a	
Malawi	9.7 a	12 a,f	13 c,f	13 c,f		12 a	
Mauritius	43 a,f	42 a,f	42 c,f	42 c,f	42 a,f	41 a,	
Mozambique	13 a	19 a		23 c	24 a	25 a	
Namibia	23 a	25 a				27 a	
Rwanda	5 a,f	6 f	7 c,f	7 c,f	7.1 a	7 a	
Sao Tome	33 a,f	38 f	38 f				
Seychelles	43 a,f	52 f	53 f				
Somalia	29 a	33 a	35 c,f	34 c,f	35 a	36 a	
Swaziland	20 a,f	26 a,f	28 f	29 f	30 a	32 a	
Tanzania	17 a,f	24 a,c	24 f	28 c,f	30 a	31 a	
Uganda	8.7 a	9.4 a	10 f	10 c,f	10 a	10 a,	
Zambia	43 a,f	50 a,f	51 c,f	52 c,f	53 a		
Zimbabwe	22 a,f	25 a,f	25 c,f	26 c,f	26 a	27 a	

Sources:
- a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
- b) UNICEF Annual Reports 1990
- c) The State of the World's Children (1988-91)
- d) World Development Report (1987-90)
- e) Sub-Saharan Africa: From Crisis to Sustainable Growth
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Symbols:
- * From a year other than the year shown
- ( ) Less than half the unit shown
- a Estimate

Population Annual Growth Rate (%) (total/urban)

	1965-1980			1980-1988		
Angola	2.8	6.4	a	2.6	5.7	a
Botswana	3.5	15.4	a	3.6	8.2	a
Burundi	1.9	1.8	a	2.8	8.9	a
Comoros	3.3	4.3	a	3.1	4.9	a
Ethiopia	2.7	6.6	a	1.8	4.0	a
Kenya	3.6	9.0	a	4.1	8.2	a
Lesotho	2.3	14.6	a	2.8	7.0	a
Madagascar	2.5	5.7	a	3.1	6.1	a
Malawi	2.9	7.8	a	3.2	7.7	a
Mauritius	1.6	4.0	a	1.5	1.3	a
Mozambique	2.5	11.8	a	2.6	10.2	a
Namibia				3.1	5.6	a
Rwanda	3.3	6.3	a	3.4	7.9	a
Sao Tome				—	2.8	a*
Seychelles				0.6	—	a*
Somalia	2.7	6.1	a	3.5	5.9	a
Swaziland				3.4	8.9	a
Tanzania	3.3	8.7	a	3.7	11.2	a
Uganda	2.9	4.1	a	3.4	5.2	a
Zambia	3.1	7.1	a	3.9	6.7	a
Zimbabwe	3.1	7.5	a	3.1	5.5	a

Urban Population in Largest City /In Cities Over 500,000 (%)

	1980		
Angola	64	64	d
Botswana			
Burundi	—	0	d
Comoros			
Ethiopia	37	37	d
Kenya	57	57	d
Lesotho			
Madagascar	36	36	d
Malawi	19	0	d
Mauritius			
Mozambique	83	83	d
Namibia			
Rwanda	—	0	d
Sao Tome			
Seychelles			
Somalia	34	0	d
Swaziland			
Tanzania	50	50	d
Uganda	52	52	d
Zambia	35	35	d
Zimbabwe	50	50	d

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
0.0 Less than half the unit shown
— Estimate

Female-Headed Households (total/urban/rural)

	1980	1985	1986	1987	1988	1989	1990
Angola							
Botswana		46 24 76 f					
Burundi							
Comoros							
Ethiopia							
Kenya				30 25 34 f			
Lesotho							
Madagascar							
Malawi		28 — 30 f					
Mauritius		19 — — f*					
Mozambique							
Namibia							
Rwanda							
Sao Tome						20 — — f	
Seychelles							
Somalia							
Swaziland							
Tanzania							
Uganda				15 — — f			
Zambia							
Zimbabwe					36 — — b*		

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1990-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
( ) Less than half the unit shown
e Estimate

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GNP Per Capita (U.S. dollars)

	1980	1985	1986	1987	1988	1989	1990
Angola	470 cf	470 f	470 f	1130 c		620 a	
Botswana		840 c	840 c	1050 c	1010 d		
Burundi	280 f	230 cf	240 cf	250 c	240 d		
Comoros	300 f	240 cf	320 cf	370 a	440 d		
Ethiopia	140 f	110 cf	120 cf	130 a	120 d	116 b	
Kenya	420 f	290 cf	300 cf	330 a	370 d		
Lesotho		470 c	370 c	370 a	420 d		
Madagascar	360 f	240 cf	230 cf	210 af	190 d		
Malawi	230 f	170 cf	160 cf	160 a	170 d		
Mauritius	1060 f	1090 c	1280 cf	1490 a	1800 d	1735 f	
Mozambique		160 c	210 c	170 a	100 d		
Namibia							
Rwanda	280 f	280 cf	290 cf	300 a	320 d		
Sao Tome		320 cf	340 cf	280 a	490 d	358 f	
Seychelles	1770 f		2750 f	3120 a			
Somalia	130 f	280 cf	280 cf	290 a	170 d		
Swaziland	680 f	670 cf	690 cf	700 a			
Tanzania		290 c	250 c	180 a	166 d		
Uganda	300 f	230 cf	230 cf	260 af	280 d		
Zambia	156 f	300 cf	300 cf	250 a	290 d		
Zimbabwe	630 f	680 cf	620 cf	580 a	650 d		

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
e Estimate

GNP Per Capita Annual Growth Rate (%)

	1965-1980	1980-1988
Angola	-9.8 c*	
Botswana		6.7 c
Burundi	2.4 a	0.1 c
Comoros		
Ethiopia	0.4 a	-0.4 c
Kenya	3.1 a	-0.2 c
Lesotho	6.8 a	-0.7 c
Madagascar	-0.4 a	-3.4 c
Malawi	3.2 a	-0.6 c
Mauritius	3.7 a	5.1 c
Mozambique		-7.5 c
Namibia		
Rwanda	1.6 a	-1.5 c
Sao Tome	3.3 a	-6.0 a*
Seychelles	4.6 a	1.3 a*
Somalia	-0.1 a	-2.2 c
Swaziland	3.7 a	1.2 a*
Tanzania	0.8 a	-1.3 c
Uganda	-2.2 a	-2.5 c
Zambia	-1.2 a	-4.9 c
Zimbabwe	1.7 a	-1.0 c

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
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Inflation Rate

	1965-1980	1980-1987
Angola	22 c*	
Botswana		8 ac
Burundi	8 a	8 a
Comoros		7 a
Ethiopia	3 a	3 a
Kenya	7 a	10 a
Lesotho	8 a	12 a
Madagascar	8 a	17 a
Malawi	7 a	12 a
Mauritius	11 a	8 a
Mozambique		27 a
Namibia	12 f	13 f*
Rwanda	12 a	5 a
Sao Tome		5 a
Seychelles	12 a	4 a
Somalia	10 a	38 a
Swaziland	9 a	10 a
Tanzania	10 a	25 a
Uganda	22 a	95 a
Zambia	6 a	29 a
Zimbabwe	6 a	12 a

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
e Estimate

Consumer Price Index (1980 = 100)

	1980	1985	1986	1987	1988	1989	1990
Angola							
Botswana	100 f	165 f					
Burundi	100 f	155 f	157 f				
Comoros							
Ethiopia	100 f	144 f	130 f				
Kenya							
Lesotho	100 f	193 f	232 f				
Madagascar	100 f	249 f	291 f				
Malawi	100 f	184 f	211 f				
Mauritius	100 f	154 f	157 f				
Mozambique							
Namibia							
Rwanda	100 f	137 f	139 f				
Sao Tome							
Seychelles							
Somalia							
Swaziland	100 f	205 f	225 f				
Tanzania	100 f	374 f	480 f	643 f	843 f	1061 f	
Uganda	100 f	925 f	2316 f	6439 f	16779 f		
Zambia	100 f	253 f	379 f				
Zimbabwe	100 f	201 f	230 f				

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
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g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
e Estimate

Population in Absolute Poverty (%) (total/urban/rural)

	1980	1985	1986	1987	1988	1989	1990
Angola							
Botswana	— 40 55 af	— 40 55 f					
Burundi	— 55 85 a*						
Comoros							
Ethiopia	— 60 65 a*	— 60 65 f	— 60 65 f				
Kenya	— 10 55 a*	— 10 55 f	— 10 55 f				
Lesotho	— 50 55 a*						
Madagascar	— 50 50 c*	— 50 50 f	— 50 50 f	— 50 50 f			
Malawi	— 25 85 a*						
Mauritius	12 12 12 f	12 12 12 f					
Mozambique					62 50 64 f*		
Namibia							
Rwanda	— 30 90 a*						
Sao Tome						33 — — f	
Seychelles							
Somalia	— 40 70 c*	— 40 70 c*	— 40 70 f	— 7 33 af			
Swaziland	— 45 50 af		30 — — f				
Tanzania	— 15 25 a*	— 15 25 f					
Uganda							
Zambia	25 — — f	25 — — f	25 — — f				
Zimbabwe	39 — — b*			42 — — f			

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub Saharan Africa: From Crisis to Sustainable Growth
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g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
(.) Less than half the unit shown
+ Estimate

Household Income Share (top 20% /bottom 40%)

	1980	1985	1986	1987	1988	1989	1990
Angola							
Botswana	59 9 c						
Burundi							
Comoros							
Ethiopia							
Kenya	60 9 a*						
Lesotho							
Madagascar							
Malawi							
Mauritius	50 14 a			46 12 a			
Mozambique							
Namibia						71 3 fa	
Rwanda							
Sao Tome							
Seychelles							
Somalia							
Swaziland							
Tanzania							
Uganda							
Zambia	61 11 a*						
Zimbabwe							

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
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g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
( ) Less than half the unit shown
a Estimate

Government Expenditure on Health/Education/Defence (% of total expenditure)

	1980	1985	1986	1987	1988	1989	1990
Angola			6 15 34 f	6 15 34 a			
Botswana	5 22 10 d	5 18 7 c	5 18 6 c	6 18 8 acd	5 17 10 b	4 17 10 b	
Burundi	6 23 10 f	6 16 18 f		4 16 16 a			
Comoros				7 25 4 a			9 24 8 b
Ethiopia	3 9 — e		5 15 36 af	5 15 36 f		— — 67 b	
Kenya	6 20 16 f	7 20 13 cf	6 20 9 c	7 23 7 a		5 19 8 b	
Lesotho		6 15 12 c	7 16 10 cf	7 16 10 a			
Madagascar	4 9 4 b		3 4 9 f	6 17 10 f	5 17 10 f	5 17 10 f	
Malawi	6 16 13 e	8 12 6 cf	7 11 6 cf	7 11 7 ae			
Mauritius	7 17 1 a	8 14 1 c	8 13 1 c	8 12 1 ae	9 15 — f	9 16 — f	
Mozambique		7 16 — c		5 10 35 a	5 10 — f		
Namibia		— — 10 b*		14 18 5 b*			14 18 5 a*
Rwanda	5 19 13 e			5 26 — a			
Sao Tome	13 9 — f	11 — — af	13 — — f	11 — — f	8 — — f	— 5 — f	
Seychelles	9 9 — a*						
Somalia	3 8 25 e	1 3 21 f	7 1 12 f	1 1 12 f	1 2 36 a		
Swaziland	7 25 9 e			9 25 5 e	9 27 7 b		
Tanzania	6 13 9 e	5 7 14 c	5 7 14 c	6 8 16 ae	6 11 9 f	6 12 7 f	
Uganda	5 15 25 ae	3 12 17 cf	2 15 26 cf	2 15 26 ae	3 12 25 f		
Zambia	6 11 — e	7 16 — cf	5 8 — ae				
Zimbabwe	5 16 25 e	6 20 16 cf	6 21 15 cf	6 20 14 ae			

Sources:
- (a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
- (b) UNICEF Annual Reports 1990
- (c) The State of the World's Children (1988-91)
- (d) World Development Report (1987-90)
- (e) Sub-Saharan Africa: From Crisis to Sustainable Growth
- (f) Regional Information System data (from UNICEF country offices)
- (g) UNESCO Statistical Yearbook 1990

Symbols:
- * From a year other than the year shown
- (.) Less than half the unit shown
- + Estimate

Public Current Expenditure on Education at Primary/Secondary/Tertiary Levels (% of total expenditure on education)

	1980	1985	1986	1987	1988	1989	1990
Angola		— — 5 g					
Botswana			36 35 16 g		39 42 14 g		
Burundi		45 32 20 g					
Comoros			39 31 21 g				
Ethiopia	42 30 19 g		52 28 14 g	53 28 13 g			
Kenya		60 18 12 g		62 17 13 g			
Lesotho	39 33 22 g			36 32 24 g	42 34 18 g		
Madagascar	42 26 28 g	42 27 27 g			55 36 — g		
Malawi	39 16 30 g			47 13 21 g	44 19 17 g		
Mauritius	44 37 8 g			44 37 7 g	43 39 7 g		
Mozambique							
Namibia							
Rwanda	67 20 10 g		68 15 12 g	68 16 14 g			
Sao Tome			50 27 — g				
Seychelles			28 54 — g		28 47 — g		
Somalia							
Swaziland	46 34 11 g			38 28 22 g	34 29 21 g		
Tanzania				59 23 14 g	58 27 12 g		
Uganda	16 58 18 g*			20 61 13 g			
Zambia	45 26 18 g		44 36 12 g*				
Zimbabwe	67 21 8 g	56 28 9 g	56 29 9 g				

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
f) Regional Information System data (from UNICEF country offices)
g) UNESCO Statistical Yearbook 1990

Symbols:
* From a year other than the year shown
— Less than half the unit shown
e Estimate

Official Development Assistance (U.S. millions /% GNP of recipient)

	1980			1985			1986			1987			1988			1989			1990		
Angola	56*c*	2	a	102	—	c	162	—	c	168	—	c	157	—	c						
Botswana	106	13	a	96*d*	14	c	102	10.4	c	154	10	ac	150	12	c						
Burundi	117	14	a	142	13.7	c	187	15.7	c	192	15	a	183	15	c						
Comoros	43	—	c	47	—	e	46	—	e	53	—	e									
Ethiopia	212	5	a	715	15.1	c	642	11.5	c	635	12	a	912	16	c						
Kenya	397	6	a	438	7.9	c	458	6.9	c	565	7	a	808	10	c						
Lesotho	94	15	a	94	16.5	c	88	16.1	c	108	29	a	108	16	c						
Madagascar	230	8	a	182	8.2	c	316	12.7	c	327	16	a	304	15	c						
Malawi	143	12	a	113	11	c	230	17.5	c	280	23	a	335	25	c						
Mauritius	33	3	a	29	2.8	c	56	4.2	c	65	4	a	59	3	c						
Mozambique	169	—	a	300	9.2	c	422	9.8	c	649	41	a	882	57	c						
Namibia										17	—	a	21	—	c						
Rwanda	155	13	a	181	10.7	c	211	11.5	c	243	12	a	247	12	c						
Sao Tome	4*c*	8	f	12*c*	9.2	f	12*c*	9.8	f	18	—	e									
Seychelles	21*c*	8	f	22*c*	9.2	f	28*c*	9.8	f	24	—	e									
Somalia	433	39	a	354	14.5	c	523	27.8	c	580	57	a	447	46	c						
Swaziland	30	—	e	25	—	e	35	—	e	45	—	e									
Tanzania	679*c*	14	f	487	7.9	c	681	15.2	c	882	25	a	975	26	c						
Uganda	114	10	a	182*c*	3.3	f	198*c* e	5.7	f	276	7	a	353	8	c	382	8	b			
Zambia	310	10	a	329	15.4	c	464	31.2	c	429	21	a	477	22	c						
Zimbabwe	164	3	a	237	4.2	c	223	4.2	c	295	5	a	270	4	c						

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
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Symbols:
* Data from a year other than the year shown
( ) Less than half the unit shown
e Estimate

Debt Service (% exports /% GNP)

	1980	1985	1986	1987	1988	1989	1990
Angola				22 — a			
Botswana	1.7 1.5 d	— 5.4 c	4.3 — c	4 5.7 d	3.7 5.2 d	— 13.5 b	
Burundi	6.7 0.7 c	16.6 — c	19 — c	38.5 3.6 c	25.1 3.3 d		
Comoros	2.1 0.2 c			5.2 0.6 c			
Ethiopia	5.8 0.8 c	10.9 — c	25.2 — c	28.4 3.4 c	37.4 4.3 d		
Kenya	12.3 3.7 c	25.5 — cf	22.5 — cf	28.8 6.5 c	19.4 4.4 d	18.5 — b	
Lesotho	1 — a	6.2 — cf	4.2 — cf	4.4 2.3 c	5.2 3 d		
Madagascar	11.1 1.8 c	19.6 — cf	27.7 — cf	35.5 7.7 c	39 9.3 d		
Malawi	21.5 5.9 c		40.1 — cf	23.3 6 c	17.2 4.1 d		
Mauritius	5.8 3 c	11.5 — cf	7.3 — cf	6.1 4.3 c	10.1 7.4 d		
Mozambique					7.8 2 d		
Namibia						14.7 — b	
Rwanda	2.4 0.4 c	4.3 — cf	7.6 — cf	11.3 1 c	9.6 0.7 d		
Sao Tome	4.4 2.2 c	25 — f		41.5 15.3 c			
Seychelles	0.3 0.2 c	25 — f	7 — a	— 4.2 c			
Somalia	4.4 1.4 c	44.8 — cf	62.1 — cf	8.3 0.9 c	4.9 0.4 d		
Swaziland	2.7 2.3 c			6.1 5.2 c			
Tanzania	10.9 1.5 c	16.7 — cf	15.3 — cf	18.5 2.9 c	17.1 2.9 d		
Uganda	6.7 1.3 c	43 — f	55 — f	19.5 1.9 c	14 1 d	62 — b	
Zambia	17.8 8 c	10.2 — cf	16.8 — cf	13.5 6.7 c	14.2 4.9 d		
Zimbabwe	2.5 0.8 c	32 — cf	22 — cf	23.2 6.8 c	24.8 7.3 d		

Sources:
a) Statistics on Children in UNICEF-Assisted Countries (1990-91)
b) UNICEF Annual Reports 1990
c) The State of the World's Children (1988-91)
d) World Development Report (1987-90)
e) Sub-Saharan Africa: From Crisis to Sustainable Growth
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g) UNESCO Statistical Yearbook 1990

Symbols:
- — From a year other than the year shown
- (.) Less than half the unit shown
- . Estimate

SELECTED DEFINITIONS

Under five mortality rate: Annual number of deaths of children under five years of age per 1,000 live births.

Infant mortality rate: Annual number of deaths of infants under one year of age per 1,000 live births.

Low birth weight: 2,500 grammes or less.

Breast-feeding: Percentage of mothers either wholly or partly breast-feeding.

Malnutrition: Moderate and severe—below minus two standard deviations from the median weight for age of the reference population. Severe—below minus three standard deviations from median weight for age of the reference population.

Wasting: Below minus two standard deviations from median weight for height of reference population.

Stunting: Below minus two standard deviations from median height for age of reference population.

Calorie intake: The calorie equivalent of the food supplies in an economy divided by the population.

Access to health services: Percentage of population that can reach appropriate local health services by the local means of transport in no more than one hour.

Births attended: Percentage of births attended by physicians, midwives, trained primary health care workers or trained traditional birth attendants.

Maternal mortality rate: Annual number of deaths of women from pregnancy related causes per 100,000 live births.

ORT use: Percentage of all cases of diarrhoea in children under five years of age treated with oral rehydration salts or an appropriate household solution.

Adult literacy rate: Percentage of persons aged fifteen and over who can read and write.

Primary and secondary school gross enrolment ratio: The total number of children enrolled in a schooling level—whether or not they belong in the relevant age group for that level—expressed as a percentage of the total number of children in the relevant age group for that level.

Primary and secondary school net enrolment ratio	The total number of children enrolled in a schooling level who belong in the relevant age group, expressed as a percentage of the total number of children in that age group.
Children completing primary school	Percentage of the children entering the first grade of primary school who successfully complete that level in due course.
Crude death rate	Annual number of deaths per 1,000 population.
Crude birth rate	Annual number of births per 1,000 population.
Life expectancy at birth	The number of years new-born children would live if subject to the mortality risks prevailing for the cross-section of population at the time of their birth.
Fertility rate	The number of children that would be born per woman, if she were to live to the end of her child-bearing years and bear children at each age in accordance with prevailing age-specific fertility rates.
Contraceptive prevalence	Percentage of married women age 15-49 currently using contraception.
Urban population	Percentage of population living in urban areas as defined according to the national definition used in the more recent population census.
GNP per capita	Calculated according to the *World Bank Atlas* method.
Inflation	Measured by the growth rate of the GDP implicit deflator.
Absolute poverty level	The income level below which a minimum nutritionally adequate diet plus essential non-food requirements is not affordable.
Income share	Percentage of household income received by the highest 20% and lowest 40% of households.
Debt service	The sum of interest payments and repayments of principal on external public and publicly guaranteed debts.

GOALS FOR THE YEAR 2000

Reduction of U5MR by one-third of 1990 levels or to 70 per 1,000 live births, whichever is less

Reduction of IMR by one-third of 1990 levels or to 50 per 1,000 live births, whichever is less

Reduction of the rate of low birth weight (2.5 kg or less) to less than 10%

Reduction of malnutrition by one-half of 1990 levels

Universal access to safe drinking water

Universal access to adequate sanitation

Universal access of pregnant women to trained attendants during child birth

Reduction of maternal mortality rate by one-half of 1990 levels

High percentage of one year olds fully immunized against diphtheria, pertussis and tetanus (1985-1990)

Reduction of adult illiteracy by one-half, with emphasis on female literacy

Universal access to basic education

Completion of primary education by at least 80% of primary school age children

Challenges for Children and Women in the 1990s

Eastern and Southern Africa in Profile

In October 1990, UNICEF's Eastern and Southern Africa Regional Office brought together a number of specialists to analyse child survival, protection and development data with a view to identifying new trends and issues emerging in the region. This meeting established the parameters of a regional profile of children and women in Eastern and Southern Africa. The trends and issues which were identified and analysed over the subsequent year are grouped under the headings poverty, children's and women's health, nutrition, education, women's development, urbanization, children in especially difficult circumstances, and conflicts and wars. In addition, the book contains an introductory economic overview and a concluding statistical annex which provides the most recent and comprehensive CSPD data for the region.

This book is intended primarily to alert UNICEF country offices to emerging issues in their countries, to establish thematic and programmatic priorities for UNICEF in Eastern and Southern Africa and to assist UNICEF Representatives, Senior Officers and Headquarters colleagues, as well as UNICEF partners, in their advocacy for Eastern and Southern Africa's needs. Such an initiative is especially important in light of the World Summit for Children and the Goals for the Year 2000 since it will enable UNICEF and its partners to monitor their progress. Each chapter suggests a number of initiatives which the whole development community may pursue. UNICEF recognizes that the enormity of Africa's development needs will be met only with the full participation of Africa's governments, their development partners and—above all—Africa's people.

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